

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

Corporation

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

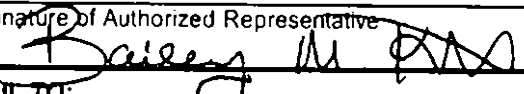
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 23 2024

BY 1324

DS

1. Entity ID Number 1726281		2. Exact name of the Corporation HAVERHILL LEACH, INC.			
3. Principal Office Address 99 WATER STREET BLDG B, SUITE 5		City WARREN		State RI	Zip 02885
4. NAICS Code 448310		6. Brief description of the character of business conducted in Rhode Island DESIGN AND SELL JEWELRY ONLINE			
5. State of Incorporation 001726281					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name HAVERHILL LEACH			Vice-President Name ANDREJ STROJIN		
Street Address 99 WATER STREET BLDG B SUITE 5			Street Address 99 WATER STREET BLDG B SUITE 5		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		Check the box to indicate an attachment ☐			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
6,000,000.00		CWP 1ST		0.001	
359,660.00		PREFERRED 1ST		0.001	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative BAILEY M. KENT				Date 2/21/24	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

3-A485T 1 300

FORM 630 - Revised: 04/2023