



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ 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

1. Entity ID Number 71988		2. Exact name of the Corporation Continental Arms Company	
3. Principal Office Address 1065 Park Avenue		City Cranston	State RI
		Zip 02910	
4. NAICS Code 451110	6. Brief description of the character of business conducted in Rhode Island Retail sale of bait, sporting goods, fire arms, reloaded ammunition and engraving		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Carol Mancini		Vice-President Name Carol Mancini	
Street Address 1065 Park Avenue		Street Address 1065 Park Avenue	
City Cranston	State RI	City Cranston	State RI
Zip 02910		Zip 02910	
Secretary Name Carol Mancini		Treasurer Name Carol Mancini	
Street Address 1065 Park Avenue		Street Address 1065 Park Avenue	
City Cranston	State RI	City Cranston	State RI
Zip 02910		Zip 02910	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized 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 <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		None	
			PAR VALUE
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 Carol Mancini		Date 1-31-2024	
Signature of Authorized Representative <i>Carol Mancini</i>			

MAIL TO:

Division of Business Services

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