State of Rhode Island

Department of State - Business Services Division

APR 23 2024

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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.

1. Entity ID Number	2. Exact name of the Corporation			
10475	TIME PLATING, INCORPORATED			
3. Principal Office Address		City	State	Zip
30 Libera Street		Cranston	RI	02920
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
423940	The manufacturing, plating, distribution and sale of jewelry and any other lawful business.			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Michael Duffy			Vice-President Name: Jose Santana		
Street Address: 30 Libera Street			Street Address: 30 Libera Street		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920
Secretary Name: Michael Duffy			Treasurer Name: Michael Duffy		
Street Address: 30 Libera Street			Street Address: 30 Libera Street		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Tony Cheng			Director Name		
Street Address: 30 Libera Street			Street Address		
City: Cranston	State: RI	Zip: 02920	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	Common	No 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	Date
Michael Duffy	2/5/24
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

FORM 630 - Revised: 11/2021