



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSC
25 FEB 6 AM 9:56:16

STAMP

1. Entity ID Number 001716917		2. Exact name of the Corporation Accent Plating Company			
3. Principal Office Address 25 Esten Avenue			City Pawtucket	State RI	Zip 02860
4. NAICS Code 339910		6. Brief description of the character of business conducted in Rhode Island Jewelry plating			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gilberto Arteaga			Vice-President Name		
Street Address 25 Esten Avenue			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Gilberto Arteaga			Treasurer Name Gilberto Arteaga		
Street Address 25 Esten Avenue			Street Address 25 Esten Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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	Zip	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			1000		
			Common Shares		
			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
Signature of Authorized Representative					1-23-25
FILED					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FEB 06 2025
BY ML 2026