RI SOS Filing N		66350960 I	Date: 2/2	6/2025 4:00:0	_	<u></u>		
State of Rhode Island Department of Sta		s Services D	ivision	,	FILE	ሀ ፍጥ,	<i>-/</i> ,	
Annual Report for the year: Corporation — Filing period: February 1 - №	2025	,		į	FEB 2 6	2025	$\frac{1}{2}$	
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe	e if form is not f	iled by May 31.			. ·			
1. Entity ID Number 10025	2. Exact name of the Corporation MERCURY PRODUCTS CORPORATION							
Principal Office Address SYLVIA LANE			City LINCC	COLN		•	Z _{ip} 02865	
5. State of Incorporation	6 Brief description of the character of business conducted in Rhode Island COSTUME JEWELRY WHOLESALE							
7. List ALL officers (names and addresses) President Name				Check the box to indicate an attachment				
WILLIAM GREENBERG				Vice-President Name ANITA GREENBERG				
Street Address 23 SYLVIA LANE				Street Address 23 SYLVIA LANE				
City LINCOLN	State RI	^{Zip} 02865	City LIN	COLN	State	RI	Zip O2865	
Secretary Name WILLIAM GREENBERG				Treasurer Name ANITA GREENBERG				
Street Address 23 SYLVIA LANE				Street Address 23 SYLVIA LANE				
City LINCOLN	State RI	^{Zip} 02865	City	COLN	State	RI	Zip	
8. List ALL directors (names and addresses)				Check the box to indicate an attachment				
Director Name WILLIAM GREENBERG				Director Name ANITA GREENBERG				
Street Address 23 SYLVIA LANE				Street Address 23 SYLVIA LANE				
^{City} LINCOLN	State RI	^{Zip} 02865	City LINCOLN		State	RI	Zip 02865	
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State		Zıp	
9. Shares Authorized		10. Shares Issued			the box to in	dicate an at		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CNP		\$0.00		
		1576		PWP		\$1056	\$1056.00	
11. This report must be executed or ceiver or trustee, this report must be						s in the hand	ds of a re-	

11.

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

WILLIAM GREENBERG

23 FEB 2025

Date

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