



State of Rhode Island
Department of State - Business Services Division

REC'D
25 APR 9 AM 11:49:46
TAMP
RIDOS BSD

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.

1. Entity ID Number 000082417			2. Exact name of the Corporation Precision Polishing & Ornaments, Inc.		
3. Principal Office Address 1 Weingeroff Boulevard			City Cranston	State RI	Zip 02910
4. NAICS Code 339910		6. Brief description of the character of business conducted in Rhode Island Jewelry polishing			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Edward A. Audet			Vice-President Name Edward A. Phillips		
Street Address 1 Weingeroff Boulevard			Street Address 1 Weingeroff Boulevard		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Edward A. Audet			Treasurer Name Edward A. Audet		
Street Address 1 Weingeroff Boulevard			Street Address 1 Weingeroff Boulevard		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
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			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			100		
			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 <i>Edward A. Audet</i>					Date <i>3/24/2025</i>
Signature of Authorized Representative <i>[Signature]</i>					

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

FILED
APR 09 2025
BY *3783*

FORM 630 - Revised 04/2023