



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.

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1. Entity ID Number 10475		2. Exact name of the Corporation TIME PLATING, INCORPORATED			
3. Principal Office Address 30 Libera Street			City Cranston	State RI	Zip 02920
4. NAICS Code 423940		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 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 100	CLASS/SERIES Common	PAR VALUE 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 Michael Duffy				Date 1/13/2025	
Signature of Authorized Representative 				BY JNWVH 138	

MAIL TO:
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 Website: www.sos.ri.gov