RI SOS Filing Number: 202328721960 Date: 2/14/2023 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

STAMP

Corpo	ration
-------	--------

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

Website: www.sos.ri.gov

	FOR						
	SECRETARY OF STATE						
	USE ONLY						
	RECEIVED						
₹1.	DEPT, OF STATE						

FORM 630 - Revised: 11/2021

Penalty: Additional \$25.00 fee if form is not filed by May 31.				KALUEPA OF STARE			
1. Entity ID Number 001716917	2. Exact na	ime of the Corporat	·	2073 FEB 4 A 11: 04			
3. Principal Office Address 25 Esten Avenue			City Pawtucket	State RI	Zip 02860		
4. NAICS Code 339910		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			
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	199991, 1991			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860		
8. List ALL directors (names	s and addresses)			Check the box to indi	icate an attachment 🗌		
Director Name	•		Director Name		·		
Street Address		Street Address					
City	State	Zip	City	State	Zip		
Director Name	•	•	Director Name	•	•		
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
9. Shares Authorized		10. Shares	ssued	Check the box to indi	cate 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				
		1000 Com	1000 Common with 0.00 par				
11. This report must be exe trustee, this report must be				. If the corporation is in the	hands of a receiver or		
Under penalty of perjury,	i declare and affirm	n that I have exam	ined this report, including	any accompanying sch	edules and		
Statements, and that all statements contained herein are true and Name of Authorized Representative			and conograti	Date	74 . 27		
Gilberto Arteaga Signature of Authorized Re	presentative	·	FEB 1 4 2023	,	30-23		
MAIL TO:	Andrag	a ·	1 1939	<u>-</u>			
Division of Business Services		~	×				
148 W. River Street, Providence Phone: (401) 222-3040	e, Rhode Island 02904-	-2615	11:09	4			