



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

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

**STAMP**

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 R.I. DEPT. OF STATE  
 REG. DIVISION

2023 FEB 14 A 11:04

1. Entity ID Number <b>001716917</b>		2. Exact name of the Corporation <b>Accent Plating Company</b>			
3. Principal Office Address <b>25 Esten Avenue</b>			City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
4. NAICS Code <b>339910</b>		6. Brief description of the character of business conducted in Rhode Island <b>Jewelry plating</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Gilberto Arteaga</b>			Vice-President Name		
Street Address <b>25 Esten Avenue</b>			Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City	State	Zip
Secretary Name <b>Gilberto Arteaga</b>			Treasurer Name <b>Gilberto Arteaga</b>		
Street Address <b>25 Esten Avenue</b>			Street Address <b>25 Esten Avenue</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>1000 Common with 0.00 par</b>			
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.					
<i>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.</i>					
Name of Authorized Representative <b>Gilberto Arteaga</b>				Date <b>1-30-23</b>	
Signature of Authorized Representative 					

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