



Department of State - Business Services Division

Annual Report for the year: 2023
 Corporation

FILED
APR 13 2023
 BY 4637
OS

- 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 000120407		2. Exact name of the Corporation ANA EPOXY CO., INC.			
3. Principal Office Address 165 DYERVILLE AVENUE SUITE 5			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 339910		6. Brief description of the character of business conducted in Rhode Island JEWELRY EPOXY CONTRACTING AND OTHER JEWELRY OPERATIONS			
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 ANNA OPYDO			Vice-President Name ANNA OPYDO		
Street Address 21 ANN DRIVE			Street Address 21 ANN DRIVE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name ANNA OPYDO			Treasurer Name ANNA OPYDO		
Street Address 21 ANN DRIVE			Street Address 21 ANN DRIVE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ANNA OPYDO			Director Name		
Street Address 21 ANN DRIVE			Street Address		
City JOHNSTON	State RI	Zip 02919	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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1.000		STK	NP PAR
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 ANNA OPYDO				Date 3/4/2023	
Signature of Authorized Representative 					