



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

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

FILED

MAR 08 2024

BY 27176

1. Entity ID Number <u>10025</u>		2. Exact name of the Corporation MERCURY PRODUCTS CORPORATION			
3. Principal Office Address 23 SYLVIA LANE			City LINCOLN	State RI	Zip 02865
4. NAICS Code <u>423940</u>		6. Brief description of the character of business conducted in Rhode Island COSTUME JEWELRY WHOLESALE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name WILLIAM GREENBERG			Vice-President Name ANITA GREENBERG		
Street Address 23 SYLVIA LANE			Street Address 23 SYLVIA LANE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name WILLIAM GREENBERG			Treasurer Name ANITA GREENBERG		
Street Address 23 SYLVIA LANE			Street Address 23 SYLVIA LANE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name WILLIAM GREENBERG			Director Name ANITA GREENBERG		
Street Address 23 SYLVIA LANE			Street Address 23 SYLVIA LANE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
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
			650	CNP	\$0.00
			1576	PWP	\$1056.00
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 WILLIAM GREENBERG				Date 5 MARCH 2024	
Signature of Authorized Representative <i>William Greenberg president</i>					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov