



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 16815		2. Exact name of the Corporation Weingeroff Enterprises, Inc.			
3. Principal office address One Weingeroff Blvd.			City Cranston	State RI	Zip 02910
4. Business Phone No. 4017808668			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island THE MANUFACTURING AND SALE OF JEWELRY AND RELATED PRODUCTS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Lisa E. Weingeroff			Vice-President Name		
Street Address 1 Weingeroff Blvd.			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Secretary Name Robert D. Kincaid			Treasurer Name Lisa E. Weingeroff		
Street Address 1 Weingeroff Blvd.			Street Address 1 Weingeroff Blvd.		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Lisa E. Weingeroff			Director Name Jolie Weingeroff		
Street Address 1 Weingeroff Blvd.			Street Address 1 Weingeroff Blvd.		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			179	Common	No Par

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.

FILED

FEB 12 2015

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.

File Date

Check No

By:

FOR SECRETARY OF STATE USE BY

65982

Signature of Authorized Representative

Date

1/10/15

Print or Type Name of Authorized Representative