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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00 **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
23281	JAMIEL'S SHOE WORLD, INC.

3. Street Address Principal Business Office	City	State	Zip
471 Main Street	Warren	RI	02885

4. Business Phone No.	5. State of Incorporation
401-245-4389	RI

6. Brief Description of the Character of Business Conducted in Rhode Island
retail shoe store, real estate purchase and sales

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Lily M. Jamiel	471 Main Street	Warren	RI	02885

Vice President Name	Street Address	City	State	Zip
Francis J. Jamiel	471 Main Street	Warren	RI	02885

Secretary Name	Street Address	City	State	Zip
Lily M. Jamiel	471 Main Street	Warren	RI	02885

Treasurer Name	Street Address	City	State	Zip
Douglas J. Jamiel	471 Main Street	Warren	RI	02885

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Lily M. Jamiel	471 Main Street	Warren	RI	02885

Director Name	Street Address	City	State	Zip
Francis J. Jamiel	471 Main Street	Warren	RI	02885

Director Name	Street Address	City	State	Zip
Douglas J. Jamiel	471 Main Street	Warren	RI	02885

Director Name	Street Address	City	State	Zip

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9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 no par value			600	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.

[redacted] [redacted]

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.

Lily M. Jamiel 2/4/08
Signature *Date*

Lily M. Jamiel / LILY M. JAMIEL
Print or Type Name

[redacted] President
Title

File Date FILED
Check No. FEB 08 2008
By: By DS-38190

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Form 630 Rev. 12/06