



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
A. Ralph Mollis, Secretary of State

Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 38220		2. Name of Corporation Providence Jewelry Museum			
3. State of Incorporation RI	4. Corporate address in Rhode Island - Street Address 4 Edward St		City Prov	Zip 02904	
5. Foreign corporation. Enter principal office address		City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Museum					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Peter M DiCristofaro		Vice President Name Edward Iannone			
Street Address 4 Edward St		Street Address 323 Promenade St			
City Prov	State RI	Zip 02904	City Prov	State RI	Zip 02903
Secretary Name SECRET		Treasurer Name Jonathan Barnes			
Street Address		Street Address 17 Viallis St			
City	State	Zip	City Barrington	State RI	Zip 02806
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Peter DiCristofaro		Director Name Edward Iannone			
Street Address 4 Edward St		Street Address 323 Promenade St			
City Prov	State RI	Zip 02904	City Prov	State RI	Zip 02903
Director Name		Director Name Jonathan Barnes			
Street Address		Street Address 17 Viallis St			
City	State	Zip	City Barrington	State RI	Zip 02904
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name Peter DiCristofaro		Address			
Address 4 Edward St		City Prov, RI		Zip 02904	

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED
File Date
JUN 24 2008
Check No.
By 011606
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Print or Type Name of Officer

Title of Officer