



**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
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 <del>SECRET</del>			Treasurer Name Jonathan Barnes		
Street Address			Street Address 17 Vialls 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 Vialls 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 D. Cristofaro			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. 011606

By: [Signature]

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: [Signature] Date: June 24, 2008

Print or Type Name of Officer: Peter Di Cristofaro

Title of Officer: President