STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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			
5983	FIFTH AVENUE JEWELERS. INC.			
3. Street Address Principal Business Office		City	State	Zip
6 ROLFE SQ		CRANSTON	R.I.	02910
4. Business Phone No.	5. State of Incorporation			
461-6100	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
JEWELERY SALES & REPAIRS

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

President Name				Vice President Name			
VARUJAN AYVAZYAN				CANDACE AYVAZYAN			
Street Address				Street Address			
559 OAKLAWN AVE.				559 OAKLAWN AVE.			
City	State	Zip		City	State	Zip	
CRANSTON	R.I.	02920		CRANSTON	R.I.	02920	
Secretary Name				Treasurer Name			
VARUJAN AYVAZYAN				VARUJAN AYVAZYAN			
Street Address				Street Address			
559 OAKLAWN AVE.				559 OAKLAWN AVE.			
City	State	Zip		City	State	Zip	
CRANSTON	R.I.	02920		CRANSTON	R.I.	02920	

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

Director Name				Director Name			
VARUJAN AYVAZYAN				CANDACE AYVAZYAN			
Street Address				Street Address			
559 OAKLAWN AVE				559 OAKLAWN AVE.			
City	State	Zip		City	State	Zip	
CRANSTON	R.I.	02920		CRANSTON	R.I.	02920	
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100 SHS	NO PAR COM.	

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	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.

Signature 3-25-09 *Date*

VARUJAN AYVAZYAN
Print or Type Name

OWNER
Title

[redacted]

File Date FILED
Check MAR 31 2009
By By 3343

FOR SECRETARY OF STATE USE ONLY

PM 12:45

Form 630 Rev. 08/06