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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 2011

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
56792	A & A Jewelry Co. INC.

3. Street Address Principal Business Office	City	State	Zip
1029 Charles st.	North providence	R.I.	02904

4. Business Phone No.	5. State of Incorporation
401 724-0740	R.I.

6. Brief Description of the Character of Business Conducted in Rhode Island
To Manufacture Jewelry

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

President Name	Vice President Name
Dianne Elmekawy	none
Street Address: 429 Charles st.	Street Address:
City: Providence / State: R.I. / Zip: 02904	City / State / Zip
Secretary Name: Dianne Elmekawy	Treasurer Name: Mekawy Elmekawy
Street Address: 429 Charles st.	Street Address: 429 Charles st.
City: Providence / State: R.I. / Zip: 02904	City: Providence / State: R.I. / Zip: 02904

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

Director Name	Director Name
none	
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED: 300 No par Value

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
None		

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]

FILED
File Date: DEC 29 2010
Check No.: By: mme
By: 14273
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.

M. Elmekawy 12/22/10
Signature *Date*

Mekawy Elmekawy
Print or Type Name

[redacted] Treasurer
Title

56667-4-537012

Form 630 Rev. 08/08