



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. 56792		2. Name of Corporation A.F.N. Jewelry Co. INC.	
3. Street Address Principal Business Office 1029 Charles St.		City North providence	State R.I.
4. Business Phone No. 401 724-0740		5. State of Incorporation 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 Dianne Elmekaw		Vice President Name none	
Street Address 429 Charles St.		Street Address	
City Providence	State R.I.	City	State
Zip 02904		Zip	
Secretary Name Dianne Elmekaw		Treasurer Name McKaw Elmekaw	
Street Address 429 Charles St.		Street Address 429 Charles St.	
City Providence	State R.I.	City Providence	State R.I.
Zip 02904		Zip 02904	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name none		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED 300 No par value		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐	
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares None	Class/Series
		Par Value	

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.

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.

Signature m. Elmekaw Date 12/28/10

McKaw Elmekaw

Print or Type Name

Treasurer

Title