



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

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St., Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

* 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. 145539		2. Name of Corporation MIKEAL, INC.			
3. Street Address Principal Business Office 15 Brookdale Road			City North Providence	State RI	Zip 02904
4. Business Phone No. 4012749800		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island ASSEMBLING, PACKING AND SHIPPING JEWELRY					
President Name MICHAEL CONWAY			Vice President Name MICHAEL CONWAY		
Street Address 15 BROOKDALE ROAD			Street Address 15 BROOKDALE ROAD		
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904
Secretary Name MICHAEL CONWAY			Treasurer Name MICHAEL CONWAY		
Street Address 15 BROOKDALE ROAD			Street Address 15 BROOKDALE ROAD		
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904
Director Name MICHAEL CONWAY			Director Name		
Street Address 15 BROOKDALE ROAD			Street Address		
City NORTH PROVIDENCE	State RI	Zip 02904	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	\$1.00 PAR VALUE		500 SHARES	COMMON	\$500.00

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.



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FILED

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File Date

Check No. FEB 06 2012

By: 162665

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.

Michael Conway 1-31-12
Signature of Officer Date

MICHAEL CONWAY

Print or Type Name of Officer

PRESIDENT

Title of Officer

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