

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 2012 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. subject to a penalty fee of \$25.	7-1.2-1501(e), each corp 00.	poration failing or refusing to file its an	nual report within thirty (30) days a	ifier the time prescribed by l	law (R.I.G.L. 7-1.2-1501(c&d)) i
1. Corborate 1D No. 68243	2. Name of Co De Luca J	operation lewelers Incorporated			* ***
3. Street Address Principal Business Office 647 East Avenue			^{Сііу} Warwick	State RI	^{Zip} 02886
4. Bustness Phone No. 5. State of Incorporation Rhode Island					
6 Brief Description of the Cha The sale, custom manu					
7. NAMES AND ADDRE	sses of the off	TCERS: ("X" BOX FOR ATTA		CES BEFORE USING	ATTACHMENTS
Luca De Luca			Vice President Name		
Street Address 19 Apple Blossum Di	rive		Street Address	·	
City Johnston	State RI	^{Zip} 02919	City	State	Zip
Secretary Name Luca De Luca	,	•	Treasurer Name Luca De Luca	ı	ı
Street Address 19 Aplle Blossum Dri	ive		Street Address 19 Apple Blossum Dri	ve	
city Johnston	State RI	^{Zip} 02919	^{City} Johnston	State RI	<i>Zip</i> 02919
8. NAMES AND ADDRE Director Name	SSES OF THE DIR	ECTORS: ("X" BOX FOR AT		PACES BEFORE USIN	IG ATTACHMENTS
None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	ı	,	Director Name	I	1
Street Address	· · · · · · · · · · · · · · · · · · ·		Street Address		9
Сйу	State	Zip	City	State	Zip
9. Shares authorize			10. SHARES ISSUED: (* ISSUED SHARES — THIS SECTION	www	***************************************
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.			Number of Shares	Class/Series	Par Value
			4000	Common	\$0.00
			THESECT	op hust bi v i	
This report must be executhis report must be executhis	cuted on behalf of t	he corporation by an authorize e corporation by the receiver of	d representative. If the corp	oration is in the hand	s of a receiver or trustee,
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	ll FD		Under penalty of perio	rv. I declare and affirm	that I have examined this reno

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File Date	FEB 07 2012	
a	mme	
Check No		
By:	1/56	
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Under penalty of perjury, I declare and affirm including any accompanying schedules and s	n that I have examined this rep
contained beein are true and correct	$\frac{2}{4/12}$
Signature	Date
Luca De Luca	
Print or Type Name	
President	
Title	
	Form 630 Rev. 08/08