



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 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. 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. 23281		2. Name of Corporation JAMIEL'S SHOE WORLD, INC.			
3. Street Address Principal Business Office 471 Main Street			City Warren	State RI	Zip 02885
4. Business Phone No. 401 245-4389		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island retail shoe store, real estate purchase and sales					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LILY M. JAMIEL			Vice President Name FRANCIS J. JAMIEL		
Street Address 471 Main Street			Street Address 471 Main Street		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name LILY M. JAMIEL			Treasurer Name LILY M. JAMIEL		
Street Address 471 Main Street			Street Address 471 Main Street		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name LILY M. JAMIEL			Director Name FRANCIS J. JAMIEL		
Street Address 471 Main Street			Street Address 471 Main Street		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Director Name DOUGLAS J. JAMIEL			Director Name		
Street Address 471 Main Street			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
9. SHARES AUTHORIZED			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	Class/Series	Par Value
			600	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.

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

Date

LILY M. JAMIEL

Print or Type Name

PRESIDENT

Title

FILED	
File Date	FEB 14 2012
Check No.	4935
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