



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 10573		2. Exact name of the Corporation Michael Gerard Jewelry Inc		
3. Principal office address 1245 Main Street		City Westwood	State RI	Zip 02893
4. Business Phone No. 401 8224150		5. State of Incorporation		
6. Brief description of the character of business conducted in Rhode Island fine jewelry, diamonds, watches and all legal retail buying of used merchandise Jewelry sales and wholesale buying of legal retail buying of used merchandise				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Tammy Murray		Vice-President Name Tammy Murray		
Street Address 17 Havers Rd		Street Address 17 Havers Road		
City Westery	State RI	Zip 02891	City Westery	State RI
Zip 02891	City Westery	State RI	Zip 02893	
Secretary Name Tammy Murray		Treasurer Name Tammy Murray		
Street Address 17 Havers Road		Street Address 17 Havers Road		
City Westery	State RI	Zip 02891	City Westery	State RI
Zip 02891	City Westery	State RI	Zip 02891	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Tammy Murray		Director Name Tammy Murray		
Street Address 17 Havers Road		Street Address 17 Havers Rd		
City Westery	State RI	Zip 02891	City Westery	State RI
Zip 02891	City Westery	State RI	Zip 02891	
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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	
1000		COMMON	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.

FILED

File Date _____

MAR 14 2012

Check No _____

By: _____ BY: 2036

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.

Tammy Murray 3-1-12
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

Tammy Murray
 Print or Type Name of Authorized Representative