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. 5901	*2. Name of Corporation* JEWELRY CONCEPTS, INC.		
3. Street Address Principal Business Office 41 WESTERN INDUSTRIAL DRIVE	*City* CRANSTON	*State* RI	*Zip* 02921
4. Business Phone No. (401) 727-0557	*5. State of Incorporation* RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURE AND SALE OF JEWELRY.			

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name EARL L. FEENEY			*Vice President Name* BONNIE J. FEENEY		
Street Address 41 WESTERN INDUSTRIAL DRIVE			*Street Address* 41 WESTERN INDUSTRIAL DRIVE		
City CRANSTON	*State* RI	*Zip* 02921	*City* CRANSTON	*State* RI	*Zip* 02921
Secretary Name BONNIE J. FEENEY			*Treasurer Name* EARL L. FEENEY		
Street Address 41 WESTERN INDUSTRIAL DRIVE			*Street Address* 41 WESTERN INDUSTRIAL DRIVE		
City CRANSTON	*State* RI	*Zip* 02921	*City* CRANSTON	*State* RI	*Zip* 02921

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*	*Zip*	*City*	*State*	*Zip*
Director Name			*Director Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	*Class/Series*	*Par Value*
100	COMMON	NO PAR VALUE

THIS SECTION MUST BE COMPLETED

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.

[redacted] [redacted]

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* 4/5/2012

EARL L. FEENEY
Print or Type Name

PRESIDENT
Title

File Date: ______
Check No.: ______
By: ______
FOR SECRETARY OF STATE USE ONLY

FILED
MAY 01 2012
BY 25313 + 25410

[redacted]

Form 630 Rev. 08/08