



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

2013

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. 150066		2. Exact name of the Corporation JEWEL INVESTMENTS, INC.			
3. Principal office address 51 WOODBURY STREET		City PROVIDENCE		State RI	Zip 02906
4. Business Phone No. 401-451-8890		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island Asset Management					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Harvey M. Snyder			Vice-President Name ELLEN M. SNYDER		
Street Address 51 Woodbury St.			Street Address 51 Woodbury St.		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
Secretary Name JULIE R. SNYDER			Treasurer Name DOROTEHA J. SNYDER		
Street Address 51 Woodbury St.			Street Address 51 WOODBURY STREET		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name HARVEY M. SNYDER			Director Name		
Street Address 51 WOODBURY STREET			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	.01 par	\$10.00

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 08 2013

BY mmc

Ch # 1068

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.

Harvey M. Snyder
Signature of Authorized Representative

01/07/2013

Date

HARVEY M. SNYDER, Pres.

Print or Type Name of Authorized Representative