

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.	2. Exact name of the Corporation							
35122	Yepre	Yepremian Jewelers, Inc. Lind Hwy City Warwick State RI 02886 5. State of Incorporation RT						
Principal office address		1.1	City		State	Zip		
80 Lamber	t Lind	Hwy	Warwi	ck,	RI	02886		
4. Business Phone No.	5. State of Incorporation							
6. Brief description of the character	er of business cond	ucted in Rhode Island						
Jewelery R	epair SI	nop & Re	tail Jeu	elry	Store			
7. LIST ALL OFFICERS (NAMES	AMD ADDRESSE	S) ("X" BOX FOR AT		क्षेत्र कृत्य मध्य मध्य म	New Section 2011 of 1821	n na manananan katan		
President Name Sarkis Yepremian			Vice-President Name Ardemis Yepremian					
i alieer auchess			Street Address 2 Sweet Corn Drive					
City,	State	Zin	City	eic	Istata	7 10 C		
Cranston	R土	02921	Cranst	7017	PI	02921		
			Transcurat Nama		2 Yepr			
Sebouh Ye	premiai	9		DOUL	1. Pepi	emian		
BaB Nipmuc	Trail	ja Januari	SAB 1	Jipm	uc Tra	1		
Street Address 82B Nipmuc Oity N Providence	State R工	02904	N. Provid	ence	State	Zip 02904		
8. LIST <u>all</u> directors (nam			TTACHMENT)					
Director Name Sarkis Yepremian			Director Name Ardemis Yepremian					
			Ctract Address		•			
2 Sweet Co City Cranston	State ペエ	Zip 02921	2 Swe	n	State RI	O2921		
Director Name			Director Name			-		
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. SHARES AUTHORIZED	.		10. SHARES ISSUED	("X" BOX	FOR ATTACHME	NT).		
			NUMBER OF SHARES	CLASS/SE	T	AR VALUE		
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.		None	-					
	his report must be i	executed on behalf of t	the corporation by the re	eceiver or tr	ustee.			
RECEIVED THE PROPERTY OF THE P	SPEEK ALLEGE STOTE OF THE C		Linder neacht of se	rium I doc	tore and affirm t	ant I have everninged		

File Date	FILED	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.			
Check No.	JAN 1 8 2013	Signature of Authorized Representative	1/16/13 Date		
FOR SECRETARY OF STATE USE ONLY	1000	Sebouh Yepremian British Type Name of Authorized Representative			

Form No. 630 Revised: 01/2012