

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.

Entity ID No. | 2. Exact name of the Corporation

. Entity ID No.	2. Exact nar	2. Exact name of the Corporation				
33906	JeMco	JeMco Jewelry Inc.				
Principal office address 22 Dewery Ave Unit #2			City Warwick	State RI	Zip 02886	
. Business Phone No. 401-738-7090			5. State of incorporation Rhode Island			
Brief description of the char Jewelry Job Shop, Ca			ad .			
LIST ALL OFFICERS (NA	MES AND ADDR	ESSES) ("X" BOX FOR A	TTACHMENT)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
President Name Roy Orlandi			Vice-President Name Diane Orlandi			
Street Address 86 Lahinch Rd			Street Address 86 Lahinch Rd			
ity South Kingstown	State RI	Zip 02879	City South Kingstov	vn State	Zip 02879	
ecretary Name Diane Orlandi			Treasurer Name Roy Orlandi			
treet Address 86 Lahinch Rd			Street Address 86 Lahinch Rd			
ity South Kingstown	State RI	Zip 02879	City State RI		Zip 02879	
LIST ALL DIRECTORS (N.	AMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)			
irector Name		•	Director Name			
treet Address		· · · · · · · · · · · · · · · · · · ·	Street Address			
ity	State	Zip	City	State	Zip	
irector Name			Director Name			
Street Address			Street Address			
ity	State	Zip	City	State	Zip 🖒	
SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX FOR ATTACH	MENT)	
nis information is currently of record in the Office of the Secretary State. Changes require an additional filling. see Section 9 of instruction sheet.			NUMBER OF SHARES CLASS/SERIES PAR VALUE.			
			500	cn p	802	
his report must be executed	on behalf of the o this report mus	corporation by an authorize t be executed on behalf of	the corporation by the re	eceiver or trustee.		
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			. //		A A A	
JAN 2 3 2013			Signature of Authorized Representative Date			
FOR SECRETARY OF STAT	E USE ONLY	1 506 10	X)/A	NE ON	LANDI	