



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. 18712		2. Exact name of the Corporation Piette Jewelers, INC.			
3. Principal office address Walnut Hill Plaza Diamond Hill Road		City Woonsocket		State RI	Zip 02895
4. Business Phone No. 401-762-0030		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Retail jewelry and gift sales.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Roland L. Piette, Jr.			Vice-President Name Ryan L. Piette		
Street Address 95 Jenks St.			Street Address 99 Allen St. A112		
City Wrentham	State MA	Zip 02093	City Woonsocket	State RI	Zip 02895
Secretary Name Rita L. Piette			Treasurer Name Roland L. Piette, Jr.		
Street Address 95 Jenks St.			Street Address 95 Jenks St.		
City Wrentham	State MA	Zip 02093	City Wrentham	State MA	Zip 02093
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Roland L. Piette, Jr.			Director Name Rita L. Piette		
Street Address 95 Jenks St.			Street Address 95 Jenks St.		
City Wrentham	State MA	Zip 02093	City Wrentham	State MA	Zip 02093
Director Name Ryan L. Piette			Director Name		
Street Address 99 Allen St. A112			Street Address		
City Woonsocket	State RI	Zip 02895	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
			100	CNP	\$0.00

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

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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 of Authorized Representative

Date

Roland L. Piette, Jr.

Print or Type Name of Authorized Representative