

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.

1. Entity ID No.	2. Exact name of the Corporation							
00528190	Steve F	Steve Ritch Enterprises, Inc.						
3. Principal office address 199 Calaman Road			City Cranston	State RI	Zip 02910			
4. Business Phone No. 401-286-3796			5. State of Incorporation Rhode Island					
6. Brief description of the cha Consultant and indep				rials for jewelry ma	nufacturing			
President Name Steven A. Ritch		no and the control of	Vice-President Name					
Street Address 199 Calaman Road			Street Address					
City Cranston	State RI	Zip 02910	City	State	Zip			
Secretary Name Steven A. Ritch			Treasurer Name Steven A. Ritch					
Street Address Same			Street Address Same					
City	State	Zip	City	State	Zip			
8. LIST ALL DIRECTORS (N	AMES AND A DE	HESSES) ("X" BOX FOR	ATAGENTY 11/2					
Director Name N/A			Director Name N/A					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Director Name N/A			Director Name N/A					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
9. SHARES AUTHORIZED			10. SHARES ISSUE	Y TO BOX FOR ATTAC				
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			
			8,000	Common	\$.01			
This report must be executed	d on behalf of the this report mu	corporation by an authorize ist be executed on behalf of	od representative. If the the the corporation by the i	corporation is in the hand receiver or trustee.	s of a receiver or trustee,			

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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

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012 3,3