



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 **2012**

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. 12819 | | 2. Exact name of the Corporation Jewel Case Corporation | | | |
| 3. Principal office address 110 Dupont Drive | | City Providence | State RI | Zip 02907 | |
| 4. Business Phone No. (401) 943-1400 | | 5. State of Incorporation Rhode Island | | | |
| 6. Brief description of the character of business conducted in Rhode Island Manufacturers of presentation boxes | | | | | |
| President Name Therese J. Eisen | | | Vice-President Name | | |
| Street Address P.O. Box 1216 | | | Street Address | | |
| City East Greenwich | State RI | Zip 02818 | City | State | Zip |
| Secretary Name Elisabeth D. Slocum | | | Treasurer Name | | |
| Street Address 17 Nayatt Road | | | Street Address | | |
| City Barrington | State RI | Zip 02806 | City | State | Zip |
| 7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/> | | | | | |
| Director Name William Slocum | | | Director Name | | |
| Street Address 17 Nayatt Road | | | Street Address | | |
| City Barrington | State RI | Zip 02806 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. SHARES AUTHORIZED | | | | | |
| 9. SHARES ISSUED (X) BOX FOR ATTACHMENT <input checked="" 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 | |
| 975 | | C / PWP | | \$1,000 | |
| 500 | | C / PWP | | \$1,000 | |

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: _____

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.

Therese J. Eisen
Signature of Authorized Representative

2/27/13 (su)
Date

Therese J. Eisen

Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

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BY 191504 Kmc

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10. Shares Issued (Cont.)

| <u>Number of Shares</u> | <u>Class Series</u> | <u>Par Value</u> |
|-------------------------|---------------------|------------------|
| 4,823.00 | C / CNP | \$0.00 |
| 5,000.00 | C / PWP | \$100.00 |

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CORPORATIONS DIV
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