



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. 156420		2. Exact name of the Corporation Lilly's Jewels			
3. Principal office address 90 Diamond Hill Rd			City Bradford	State RI	Zip 02808
4. Business Phone No. 845-268-0674			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Wholesale Costume Jewelry					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Bruce Blau			Vice-President Name Brue Blau		
Street Address 90 Diamond Hill Rd			Street Address 90 Diamond Hill Rd		
City Bradford	State RI	Zip 02808	City Bradford	State RI	Zip 02808
Secretary Name Bruce Blau			Treasurer Name Bruce Blau		
Street Address 90 Diamond Hill Rd			Street Address 90 Diamond Hill Rd		
City Bradford	State RI	Zip 02808	City Bradford	State RI	Zip 02808
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Bruce Blau			Director Name None		
Street Address 90 Diamond Hill Rd			Street Address		
City Bradford	State RI	Zip 02808	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	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
			200		0

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

JUL 01 2013

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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.

Bruce Blau
 Signature of Authorized Representative

6/25/13
 Date

BRUCE BLAU
 Print or Type Name of Authorized Representative