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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
000027100	**The Jewelers Board of Trade**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	**The Promotion of the interest, betterment and education of Jewelry Industry**

5. Principal office address	City	State	Zip
95 Jefferson Blvd	**Warwick**	**RI**	**02888**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Dione D Kenyon					
Street Address			Street Address		
95 Jefferson Blvd					
City	State	Zip	City	State	Zip
Warwick	**RI**	**02888**			
Secretary Name			Treasurer Name		
Brenda M Pimentel			**Alisa D Dumond**		
Street Address			Street Address		
95 Jefferson Blvd			**95 Jefferson Blvd**		
City	State	Zip	City	State	Zip
Warwick	**RI**	**02888**	**Warwick**	**RI**	**02888**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Richard Weisenfeld			**Todd Wolleman**		
Street Address			Street Address		
1 Wholesale Way			**45 W 45th St**		
City	State	Zip	City	State	Zip
Cranston	**RI**	**02920**	**New York**	**NY**	**10036**
Director Name			Director Name		
Michael Kaplan					
Street Address			Street Address		
PO Box 597					
City	State	Zip	City	State	Zip
Bronx	**NY**	**10451**			

8. REGISTERED AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____
Check No _____
By: _____ **BY** 019023
FOR SECRETARY OF STATE USE ONLY

FILED
MAY 22 2014

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.

Dione D. Kenyon 5-15-14
Signature of Officer or Authorized Representative Date

Dione D. Kenyon President
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014