



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. 80159		2. Exact name of the Corporation VALLEE JEWELERS			
3. Principal office address 9 PARK SQUARE		City NORTH SMITHFIELD		State RI	Zip 02896
4. Business Phone No. 401769-7080		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN, OPERATE, CONDUCT, AND MAINTAIN A BUSINESS ENGAGED IN THE DESIGNING, BUYING, SELLING, RETAIL GEMS & JEWELS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name MURIELLE VALLEE			Vice-President Name		
Street Address 19 GREAT ROAD			Street Address		
City NO SMITHFIELD	State RI	Zip 02896	City	State	Zip
Secretary Name SAME			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name SAME			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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	STK	

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

SEP 18 2014

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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.

Jacqueline G. Boudreau
Signature of Authorized Representative

09/16/2014

Date

JACQUELINE G. BOUDREAU PUBLIC ACCOUNTANT

Print or Type Name of Authorized Representative