

State of Rhode Island and Providence Plantations Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

LOGOUT

Fee: \$50.00

Busines	SS	Cor	por	ation
Annual	Re	oge	t	

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

Help with this form

ANNUAL REPO	ORT YEAR: 2015		2015
1. Corporate II	D No. <u>000150066</u>		RPOR JAN 1
2. Name of Co	rporation <u>JEWEL INV</u>	ESTMENTS, INC.	5 P)
3. Street Addre	ess Principal Business	Office:	2: 56
No. and Street:	51 WOODBURY STREET, C/O F	1	ου <u>τ</u>
City or Town:	PROVIDENCE	State: RI Zip: 02906	Country: USA
4. Business Ph	none No.		•
401-451-8890			
5. State of Inco	orporation		
State: <u>Rl</u>			
6. Brief Descri	ption of the Character o	of Business Conducted	in Rhode Island
ASSET MANAGEM	ENT	FILED	
		JAN 15 20	015

7. Names and Addresses of the Officers and Directors: All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.								
Delete	Title		Individual Name First, Middle, Last, Suffix		Address Address, City or Town, State, Zip Code, Country			
	PRESIDE	NT	HARVEY M SNYDER		51 WOODBURY STREET PROVIDENCE, RI 02906- USA			
	Vice Presid	ent	Ellen M Snyder		51 Woodbury St. Providence, RI 02906 USA			
	Secretary	/	Julie l	R Snyder	Prov	51 Woodbury Providence, RI 02906 USA		
	Treasure	٢	Dorothea J Snyder		Prov	51 Woodbury St. ovidence, RI 02906 USA		
	Director				51 Woodbury St. dence, RI 02906 USA			
Address: City: State: Zip: Country: Clear Add 8. Shares Authorized and Issued								
Class	s of Stock		eries of Stock			Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares	
	STK		-	\$0.010	0	10,000.00	1,000.00	
9. 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. Filer's Contact Information								
(Enter a contact name, mailing address and email.) Contact Name: Harvey M. Snyder								

State of Rhode Island and Providence Plantations - Domestic Pr... Page 3 of 3

City or Town: PROVIDENCE State: RI Zip: 02906 Contact Phone: 401-451-8890 ext: Contact Email: Hsnyder313@cox.net Please provide an email address to receive an expedited response filing is rejected for any reason. If no email address is provided, we mail	Country: USA Clear from us if the will respond by			
Signed this 6 Day of January, 2015 at 2:12:27 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2. By Signature of Authorized Representative of the Corporation This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7. By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-1.2. You hereby agree that any legal issues				
or causes of action arising from the submission of this • Accept • Decline				
Click HERE to Submit This Information				
Form No. 630 Revised 09/07				
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