

## 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

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

106479		2. Exact name of the limited liability company Jewelry Consulting International, LLC				
3. State of Formation	4. Brief desc	cription of the character of	f business conducted in Rhode Isl	land		
Rhode Island		Jewelry Consulting				
5. Principal office address 87 Tockwotton Road			City North Kingstown	State <b>RI</b>	Zip <b>02852</b>	
	IMITED LIABILIT	Y COMPANY AND NAM	E OR TITLE OF CONTACT PER	SON:		
Contact Name Robert W. George			Contact Title  Member			
Street Address 87 Tockwotton Road			City North Kingstown	State <b>RI</b>	Zip <b>02852</b>	
7. LIST <u>ALL</u> MANAGERS (N ("X" BOX FOR ATTACHM	IAMES AND ADD	RESSES) OF THE LIMIT	ED LIABILITY COMPANY, IF AF	PLICABLE - DO	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
	l Charles	Zip	City	State	Zip	
City	State	Zip				
		Z.ip				
City  B. RESIDENT AGENT IN RHO  This information is currently	ODE ISLAND		of State. Changes require filing	g Form 642.		
B. RESIDENT AGENT IN RH	ODE ISLAND			g Form 642.		
B. RESIDENT AGENT IN RH	ODE ISLAND y of record in the	FILED  NOV 1 6 2015		I declare and aff	schedules and statemen	
B. RESIDENT AGENT IN RHO	ODE ISLAND y of record in the	FILED  NOV 1 6 2015	of State. Changes require filing	I declare and aff r accompanying ontaided herein a	schedules and statemen	
RESIDENT AGENT IN RHO	ODE ISLAND y of record in the	FILED  NOV 1 6 2015	Under penalty of perjury, this report, including any and that all statements of	I declare and aff raccompanying ontained herein a	schedules and statemen	

Form No. 632 Revised: 01/2012