



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 2016

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. 56792		2. Exact name of the Corporation A4N Jewelry Co., INC.			
3. Principal office address 22 First St.		City E. Providence	State R.I.	Zip 02914	
4. Business Phone No. (401) 431-9500		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Jewelry Manufacturing					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Dianne Elmekawy			Vice-President Name NONE		
Street Address 429 Charles St.			Street Address NONE		
City Providence	State R.I.	Zip 02904	City	State	Zip
Secretary Name Dianne Elmekawy			Treasurer Name Mekawy E. Elmekawy		
Street Address SAME			Street Address 429 Charles St.		
City	State	Zip	City Providence	State R.I.	Zip 02904
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			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 300 NO PAY VALUE			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	
NONE					

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 BY **CA 262831**

FILED

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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.

M. Elmekawy 12/18/15
 Signature of Authorized Representative Date

Mekawy E. Elmekawy
 Print or Type Name of Authorized Representative

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 STATE OF RHODE ISLAND
 OFFICE OF THE SECRETARY OF STATE