



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 2015

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 A & N 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		
City Providence	State R.I.	Zip 02904	City	State
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.
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED 300 No par 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 NONE	CLASS/SERIES	PAR VALUE

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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

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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 12/8/15
 Signature of Authorized Representative Date
Mekawy E. Elmekawy
 Print or Type Name of Authorized Representative