



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. 892328		2. Exact name of the Corporation Caron's Jewelry Ltd.								
3. Principal office address 473 Hope Street			City Bristol	State RI	Zip 02809					
4. Business Phone No. (401) 253-9460			5. State of Incorporation Rhode Island							
6. Brief description of the character of business conducted in Rhode Island Jewelry retail and repair										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name Joseph A. Caron			Vice-President Name Diane Berube-Catanzaro							
Street Address 33 Chachapacasset Road			Street Address 33 Chachapacasset Road							
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806					
Secretary Name			Treasurer Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name			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) <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		
						1,000	Common	No Par		

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. 5264
 By: _____

FILED

JAN 19 2016

BY A 265543

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.

Signature of Authorized Representative

Date

Joseph A. Caron

Print or Type Name of Authorized Representative