



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. 790589		2. Exact name of the Corporation The Bead Sting, Inc.			
3. Principal office address 177 Hope Furnace Road		City Hope	State RI	Zip 02831	
4. Business Phone No. 821-3300		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Sale of jewelry and apparel					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Janice M. Olivier			Vice-President Name Robert A. Despres, Sr.		
Street Address 177 Hope Furnace Road			Street Address 177 Hope Furnace Road		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
Secretary Name Amiee L. Olivier			Treasurer Name Janice Olivier		
Street Address 177 Hope Furnace Road			Street Address 177 Hope Furnace Road		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Janice Olivier			Director Name Robert A. Despres, Sr.		
Street Address 177 Hope Furnace Road			Street Address 177 Hope Furnace Road		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
Director Name Aimee Olivier			Director Name		
Street Address 177 Hope Furnace Road			Street Address		
City Hope	State RI	Zip 02831	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
			1000	Common	No par value

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

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

Janice M. Olivier

Print or Type Name of Authorized Representative

FILED

FEB 18 2016

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