



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. 5983		2. Exact name of the Corporation Fifth Avenue Jewelers Inc.			
3. Principal office address 6 Rolfe Sq.		City Cranston	State RI	Zip 02910	
4. Business Phone No. 461-6100		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Jewelry Sales + Repairs					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Josh Ayvazyan			Vice-President Name Josh Ayvazyan		
Street Address 24 Sherman Ave.			Street Address 24 Sherman Ave.		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Josh Ayvazyan			Treasurer Name Josh Ayvazyan		
Street Address 24 Sherman Ave.			Street Address 24 Sherman Ave.		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Josh Ayvazyan			Director Name		
Street Address 24 Sherman Ave.			Street Address		
City Cranston	State RI	Zip 02920	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 100	CLASS/SERIES Common	PAR VALUE No Par	

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 CORPORATIONS DIV
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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

FILED
 FEB 22 2016

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: Josh Ayvazyan Date: 2-22-16
 Print or Type Name of Authorized Representative: Josh Ayvazyan

By 268153

KLU