

## 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

Filing Fee: \$50.00 · FAIL	URE TO FILE T	s report must be ty THIS REPORT BY N	IARCH 31 WILL RESU	JLT IN A	\$25.00 PENAL	TY FEE.
1. Entity ID No.	2. Exact name of	f the Corporation Nacl	Gerard 3	sew.	elryI	inc :
3. Principal office address Nain Street			icity West (wor	wck	State P	zipo > 893
4. Business Phone No.			5. State of Incorporation			
6. Brief description of the character Retail Sales of Buyingt selling	er of business con	ducted in Rhode Island DETY; WDELAA	, glassupe etc	i Dep	t-Store	videz sales
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)						
President Name Tammy murray			Vice-President Name Tammy murray			
Street Address Thavens Road			Street Address 17 HQUENS ROGO			
	State	Zip Cookq (	City Wester	اخ	State	Zip 62891
Secretary Name  Tammy Movray			Treasurer Name Tammy Murray			
Street Address 17 Havens Road			Street Address Havens 1260 d			
city Westerry	State	Zip 02891	City Wester	cy	State	Zip 0 >891
8. LIST ALL DIRECTORS (NAME	ES AND ADDRES	SES) ("X" BOX FOR	<del></del>			· · · · · · · · · · · · · · · · · · ·
Director Name  Doris M. Morray  Street Address			Director Name Tanny Murray			
1) Havens (LOG of			Street Address  1) Haven's Road			
City City	State	7in			i 31816	
city Weskerly	State_ N.S.	2ip > 89 /	City Wester	اب	State	Zip   0>89
City  WeSkerty  Director Name	State_	50 89 1		ادر	, U	1 '
city Weskerly	State_ N.Q	2ip 3891	City Wester	ادر	J.T.	1 '
City WeSkyly Director Name	StateState	Zip	Director Name	ال	State	1 '
City  WeSkerty  Director Name  Street Address  City	State_ N_Q		Director Name    Street Address		State	C > 8 9
Director Name  Street Address  City  9. SHARES AUTHORIZED	State State	Zip	City  Director Name  Street Address  City		State FOR ATTACHM	C > 8 9
City  Director Name  Street Address  City  9. SHARES AUTHORIZED  This Information is currently of rof State. Changes require an address	State  State  State  record in the Officialitional filling.	Zip	Director Name  Street Address  City  10. SHARES ISSUED (	("X" BOX	State FOR ATTACHM	C
City  Director Name  Street Address  City  9. SHARES AUTHORIZED  This Information is currently of port State. Changes require an address See Section 9 of instruction sheet.  This report must be executed on its second se	State  State  State  record in the Officiational filling. et.  behalf of the corpo	Zip ce of the Secretary pration by an authorize	City  Director Name  Street Address  City  10. SHARES ISSUED ( NUMBER OF SHARES  Company of the	CLASS/SE	State  FOR ATTACHM RIES  S in the hands o	Zip  ENT)  PAR VALUE  NO POX OC
City  Director Name  Street Address  City  9. SHARES AUTHORIZED  This Information is currently of port State. Changes require an address See Section 9 of instruction sheet.  This report must be executed on its second se	State  St	Zip  ce of the Secretary  pration by an authorized executed on behalf of	City  Director Name  Street Address  City  10. SHARES ISSUED ( NUMBER OF SHARES  City  d representative. If the control of the corporation by the rectangle of the corporation of the corporation including	CLASS/SEI	State  FOR ATTACHM RIES  S in the hands of the interes.  Iare and affirm impanying scheen.	Zip  ENT)  PAR VALUE  NO POSITION  f a receiver or trustee.  that I have examined edules and statements.
City Director Name Street Address City  9. SHARES AUTHORIZED This Information is currently of rof State. Changes require an addressee Section 9 of instruction sheet.  This report must be executed on it.	State  St	zip ce of the Secretary  pration by an authorized executed on behalf of	City  Director Name  Street Address  City  10. SHARES ISSUED ( NUMBER OF SHARES  O Composition by the recomposition by the recomposition by the recomposition by the recomposition by the report this report, including and that all statements	CLASS/SEI  CLASS/SEI  Orporation in  ceiver or to  jury, 1 decig  any accounts contain	State  FOR ATTACHM RIES  S in the hands of istee.  lare and affirm impanying scheed herein are to the state of the state o	Zip  ENT)  PAR VALUE  NO DOX  of a receiver or trustee.  that I have examined edules and statements, true and correct.
Director Name  Street Address  City  9. SHARES AUTHORIZED  This Information is currently of rof State. Changes require an address  See Section 9 of instruction sheet  This report must be executed on it	State  State  State  State  State  State  State  FEB	Zip  ce of the Secretary  pration by an authorized executed on behalf of	City  Director Name  Street Address  City  10. SHARES ISSUED ( NUMBER OF SHARES  City  d representative. If the control of the corporation by the rectangle of the corporation of the corporation including	cLASS/SEI  criporation is serior or to jury, I decigany accounts contain	State  FOR ATTACHM RIES  S in the hands of the state.  lare and affirm impanying scheled herein are the state.  The state is a state	Zip  ENT)  PAR VALUE  NO DOX  of a receiver or trustee.  that I have examined edules and statements, true and correct.

Print or Type Name of Authorized Representative