



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. 10573		2. Exact name of the Corporation Michael Gerard Jewelry Inc.			
3. Principal office address 1245 main street		City West Warwick	State RI	Zip 02893	
4. Business Phone No. 401-822-4150		5. State of Incorporation R.I.			
6. Brief description of the character of business conducted in Rhode Island Retail sales of fine jewelry, watches, glassware etc. Dept. Store video sales Buying+selling of gold.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Tammy murray		Vice-President Name Tammy murray			
Street Address 17 Havens Road		Street Address 17 Havens Road			
City Westley	State RI	Zip 02891	City Westley	State RI	Zip 02891
Secretary Name Tammy murray		Treasurer Name Tammy murray			
Street Address 17 Havens Road		Street Address 17 Havens Road			
City Westley	State RI	Zip 02891	City Westley	State RI	Zip 02891
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Doris M. Murray		Director Name Tammy murray			
Street Address 17 Havens Road		Street Address 17 Havens Road			
City Westley	State RI	Zip 02891	City Westley	State RI	Zip 02891
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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	1000	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

BY 2850

FILED
FEB 25 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.

Tammy Murray 2-16-16
Signature of Authorized Representative Date

Tammy Murray
Print or Type Name of Authorized Representative