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.	2. Exact name of the Corporation
10573	Michael Gerard Jewelry Inc.

3. Principal office address	City	State	Zip
1245 Main Street	West Warwick	RI	02893

4. Business Phone No.	5. State of Incorporation
401-822-4150	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	Street Address	City	State	Zip
Tammy Murray	17 Havens Road	Westerly	RI	02891

Vice-President Name	Street Address	City	State	Zip
Tammy Murray	17 Havens Road	Westerly	RI	02891

Secretary Name	Street Address	City	State	Zip
Tammy Murray	17 Havens Road	Westerly	RI	02891

Treasurer Name	Street Address	City	State	Zip
Tammy Murray	17 Havens Road	Westerly	RI	02891

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Doris M. Murray	17 Havens Road	Westerly	RI	02891

Director Name	Street Address	City	State	Zip
Tammy Murray	17 Havens Road	Westerly	RI	02891

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

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: _____

FILED
FEB 25 2016

FOR SECRETARY OF STATE USE ONLY
BY 2850

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