



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. 1657809		2. Exact name of the Corporation Bernardo Manufacturing, Ltd.			
3. Principal office address 54 Taylor Drive		City East Providence	State RI	Zip 02916	
4. Business Phone No. 401 272 2885		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island dealing in jewelry and accessories of every type					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Traci Winkler Maceroni			Vice-President Name Heidi Winkler Loomis		
Street Address 141 Freeman Parkway			Street Address 16 Freeman Parkway		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Heidi Winkler Loomis			Treasurer Name Traci Winkler Maceroni		
Street Address 16 Freeman Parkway			Street Address 141 Freeman Parkway		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Heidi Winkler Loomis			Director Name Traci Winkler Maceroni		
Street Address 16 Freeman Parkway			Street Address 141 Freeman Parkway		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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	CLASS/SERIES	PAR VALUE
			100	common	\$1.00

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

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By 269254

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

Print or Type Name of Authorized Representative