



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2016 JUL 18 AM 9:46

Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
17532		BAMZOR, INC			
3. Principal Office Address		City	State	Zip	
40 HAMILTON DR		E. GREENWICH	RI	02818	
4. Business Phone Number		5. State of Incorporation			
401-889-0036		RI			
6. Brief description of the character of business conducted in Rhode Island					
MFG. AND DISTRIBUTE COSTUME JEWELRY					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name			Vice-President Name		
RAMON ZORABEDIAN			SOLIA ZORABEDIAN		
Street Address			Street Address		
40 HAMILTON DR			40 HAMILTON DR		
City	State	Zip	City	State	Zip
E. GREENWICH	RI	02818	E. GREENWICH	RI	02818
Secretary Name			Treasurer Name		
RAMON ZORABEDIAN					
Street Address			Street Address		
40 HAMILTON DR					
City	State	Zip	City	State	Zip
E. GREENWICH	RI	02818			
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			50		0
11. 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. 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.					
Name of Authorized Representative				Date	
RAMON ZORABEDIAN				7/18/16	
Signature of Authorized Representative				SIGN DOCUMENT HERE	
Ramon Zorabedian					

FILED

JUL 18 2016

By C 11022198
AA