RI SOS Filing Number: 201729742350 Date: 01/09/2017 4:00 PM

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

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

Make Check Payable to: Secretary of State

In the Amount of $ 50

Sign, date, and mail by: 3/1/17

1. Entity ID Number	2. Exact name of the Corporation			
135547	**Classic Village Jewelers & Gifts, Inc.**			
3. Principal Office Address		City	State	Zip
638A Great Road		**North Smithfield**	**RI**	**02896**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
44-45 - Retail Trade	**Retail Sales of Jewelry and Gift Items**			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Raymond Lauzon**			Vice-President Name **Raymond Lauzon**		
Street Address **636 Great Road**			Street Address **636 Great Road**		
City **North Smithfield**	State **RI**	Zip **02896**	City **North Smithfield**	State **RI**	Zip **02896**
Secretary Name **Raymond Lauzon**			Treasurer Name **Raymond Lauzon**		
Street Address **636 Great Road**			Street Address **636 Great Road**		
City **North Smithfield**	State **RI**	Zip **02896**	City **North Smithfield**	State **RI**	Zip **02896**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **Raymond Lauzon**			Director Name		
Street Address **636 Great Road**			Street Address		
City **North Smithfield**	State **RI**	Zip **02896**	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	**Common**	**No Par**

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: **Raymond Lauzon, President**

Date: 1/6/17

Signature of Authorized Representative: Raymond Lauzon

FILED

JAN 09 2017

By 27605

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

147413-17-1148172

FORM 630 - Revised: 10/2016