



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.

FILED

IAN 23 2017

1825

1. Entity ID Number 144615		2. Exact name of the Corporation OMAR & OSCAR JEWELRY, INC.			
3. Principal Office Address 394 DEXTER STREET		City CENTRAL FALLS		State RI	Zip 02863
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island VENDING AND BUYING JEWELRY			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARTHA L. NAVARRO			Vice-President Name MARTHA L. NAVARRO		
Street Address 1 RIVET DRIVE			Street Address 1 RIVET DRIVE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		COMMON		NONE	
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 MARTHA L. NAVARRO				Date 01/17/17	
Signature of Authorized Representative <i>Martina L. Navarro</i> SIGN DOCUMENT HERE					