



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.

1. Entity ID Number 4970		2. Exact name of the Corporation WHOLESALE JEWELRY COMPANY			
3. Principal Office Address 20 Fifth Avenue		City Cranston		State RI	Zip 02910
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island To import and export merchandise, to purchase, sell and deal in and with merchandise at wholesale and retail.			
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 Joseph F. Montaquila			Vice-President Name Deborah Montaquila		
Street Address 20 Fifth Avenue			Street Address 20 Fifth Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Deborah Montaquila			Treasurer Name Joseph F. Montaquila		
Street Address 20 Fifth Avenue			Street Address 20 Fifth Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph F. Montaquila			Director Name		
Street Address 20 Fifth Avenue			Street Address		
City Cranston	State RI	Zip 02910	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		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 Joseph F. Montaquila				Date 1/12/17	
Signature of Authorized Representative 				FILED	
SIGN DOCUMENT HERE				JAN 27 2017	

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

BY 021720

FORM 630 - Revised: 08/2016