



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.

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BUS SVCS DIV
2017 JAN 30 AM 9:18

1. Entity ID Number 1665434		2. Exact name of the Corporation Bellini Jewelers, Inc.			
3. Principal Office Address 1478 Atwood Avenue		City Johnston		State RI	Zip 02919
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Retail jewelry sales			
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 Angelo R. Lauro		Vice-President Name Michael A. Lauro			
Street Address 59 Maplehurst Avenue		Street Address			
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name Jean M. Lauro		Treasurer Name Angelo R. Lauro			
Street Address 59 Maplehurst Avenue		Street Address 59 Maplehurst Avenue			
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
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		CLASS/SERIES	
		NUMBER OF SHARES		PAR VALUE	
		1000		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 Angelo R. Lauro <i>Angelo R Lauro</i>					Date 1/28/17
Signature of Authorized Representative FILED					

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

JAN 30 2017
294383
By *[Signature]*

FORM 630 - Revised: 10/2016