RI SOS Filing Number: 201731318820 Date: 02/02/2017 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.

1. Entity ID Number	2. Exact name of the Corporation
107485	Narragansett Jewelry Co., Inc.

3. Principal Office Address	City	State	Zip
100 Dupont Drive	Providence	RI	02907

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
31-33 - Manufacturing	jewelry manufacturing, sales and marketing
5. State of Incorporation	
Rhode Island	

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

President Name: Gary B. Jacobsen			Vice-President Name: None		
Street Address: 100 Dupont Drive			Street Address:		
City: Providence	State: RI	Zip: 02907	City:	State:	Zip:
Secretary Name: James J. McGair, Esq.			Treasurer Name: William P. Considine, Jr.		
Street Address: 10 Weybosset Street, Suite L-102			Street Address: 100 Dupont Drive		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02907

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

Director Name: Gary B. Jacobsen			Director Name: William P. Considine, Jr.		
Street Address: see above			Street Address: see above		
City:	State:	Zip:	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	6,750	common	no par value

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
James J. McGair, Esq., Secretary	1/19/17
Signature of Authorized Representative	

SIGN DOCUMENT HERE

FILED

FEB 02 2017

BY

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

148784-11-1187770

FORM 630 - Revised: 10/2016