



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

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 11050087		2. Exact name of the Corporation KUCINSKI JEWELERS Inc	
3. Principal Office Address 2362 WEST SHORERD		City WARWICK	State RI
		Zip 02889	
4. NAICS Code 44-45	6. Brief description of the character of business conducted in Rhode Island Jewelry repair/sale		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name TOMASZ KUCINSKI		Vice-President Name MARTA KUCINSKI	
Street Address 430 Beach Ave		Street Address 430 BEACH AVE	
City WARWICK	State RI	Zip 02889	City WARWICK
			State RI
			Zip 02889
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 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 -0-	CLASS/SERIES -0-
		PAR VALUE -0-	
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 MARTA KUCINSKI		Date 2/14/17	
Signature of Authorized Representative 			

FILED

FEB 16 2017

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