



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 799543		2. Exact name of the Corporation Just Julez, Inc.			
3. Principal Office Address 16 Franconia Drive		City Cranston		State RI	Zip 02920
4. NAICS Code 31-33 - Manufacturing	6. Brief description of the character of business conducted in Rhode Island Craation, design and sale of jewelry items.				
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 Linda Gonzalez			Vice-President Name Linda Gonzalez		
Street Address 18 Franconia Drive			Street Address 16 Franconia Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Linda Gonzalez			Treasurer Name Linda Gonzalez		
Street Address 18 Franconia Drive			Street Address 16 Franconia Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Linda Gonzalez			Director Name		
Street Address 16 Franconia Drive			Street Address		
City Cranston	State RI	Zip 02920	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 CLASS/SERIES PAR VALUE		
			100 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 Linda Gonzalez			Date 2/13/17		
Signature of Authorized Representative <i>Linda Gonzalez</i>			FILED FEB 23 2017		

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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