



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 90390		2. Exact name of the Corporation VANGEL JEWELERS, INC.			
3. Principal Office Address 10 Village Plaza Way			City N. Scituate	State RI	Zip 02857
4. NAICS Code 81		6. Brief description of the character of business conducted in Rhode Island Retail & Wholesale, SALES & REPAIRS of watches + Jewelry			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christopher T. Vangel			Vice-President Name William R Vangel		
Street Address 103 Central Pike			Street Address 42 Westcott Rd		
City N. Scituate	State RI	Zip 02857	City N. Scituate	State RI	Zip 02857
Secretary Name William R Vangel			Treasurer Name Christopher T. Vangel		
Street Address 42 Westcott Rd			Street Address 103 Central Pike		
City N. Scituate	State RI	Zip 02857	City N. Scituate	State RI	Zip 02857
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			10. Shares Issued 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.			NUMBER OF SHARES		PAR VALUE
			100		\$10.00
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 Christopher T. Vangel				Date 2/9/2017	
Signature of Authorized Representative <i>Christopher T. Vangel</i>					

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 R.I. DEPT OF STATE
 BUS SVCS DIV
 2017 MAR 20 AM 11:04

FILED

MAR 20 2017

BY ce 798566

MAIL TO:
 Division of Business Services
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