RI SOS Filing Number: 201857026920 Date: 1/25/2018 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
JAN 25 2018
BY DSS

Annual Report for the year: 2018
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
95341	**a jour jewelry, inc.**

3. Principal Office Address	City	State	Zip
Bristol Landing, 325 Metacom Avenue	**Bristol**	**RI**	**02809**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
511420	**Engage in the business of custom jewelry model making.**
5. State of Incorporation: **RI**	

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

President Name	Vice-President Name
Klaus Kutter	**None**
Street Address: **57 Sherman Avenue**	Street Address:
City: **Bristol** State: **RI** Zip: **02809**	City: State: Zip:
Secretary Name: **Klaus Kutter**	Treasurer Name: **Klaus Kutter**
Street Address: **57 Sherman Avenue**	Street Address: **57 Sherman Avenue**
City: **Bristol** State: **RI** Zip: **02809**	City: **Bristol** State: **RI** Zip: **02809**

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

Director Name	Director Name
Klaus Kutter	**None**
Street Address: **57 Sherman Avenue**	Street Address:
City: **Bristol** State: **RI** Zip: **02809**	City: State: Zip:
Director Name: **NONE**	Director Name: **NONE**
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
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: **Klaus Kutter** Date: 1/13/18

Signature of Authorized Representative: SIGN DOCUMENT HERE

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

FORM 630 - Revised: 10/2017