



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

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.

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

1. Entity ID Number 000041942		2. Exact name of the Corporation Alcan Jewelry Supply Corp.			
3. Principal Office Address 282 Adelaide Avenue			City Providence	State RI	Zip 02907
4. NAICS Code 423400		6. Brief description of the character of business conducted in Rhode Island Jewelry Supplies			
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 Shirley Kirkland			Vice-President Name		
Street Address 19 Sachem Drive			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Shirley Kirkland			Treasurer Name Shirley Kirkland		
Street Address 19 Sachem Drive			Street Address 19 Sachme 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 Shirley Kirkland			Director Name		
Street Address 19 Sachem 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		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		CLASS/SERIES	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 Shirley Kirkland					Date
Signature of Authorized Representative <i>Shirley Kirkland</i>					

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FILED

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