



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 <b>000041942</b>		2. Exact name of the Corporation <b>Alcan Jewelry Supply Corp.</b>			
3. Principal Office Address <b>282 Adelaide Avenue</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02907</b>
4. NAICS Code <b>423400</b>		6. Brief description of the character of business conducted in Rhode Island <b>Jewelry Supplies</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Shirley Kirkland</b>			Vice-President Name		
Street Address <b>19 Sachem Drive</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
Secretary Name <b>Shirley Kirkland</b>			Treasurer Name <b>Shirley Kirkland</b>		
Street Address <b>19 Sachem Drive</b>			Street Address <b>19 Sachme Drive</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Shirley Kirkland</b>			Director Name		
Street Address <b>19 Sachem Drive</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			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. <b>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.</b>					
Name of Authorized Representative <b>Shirley Kirkland</b>					Date
Signature of Authorized Representative <i>Shirley Kirkland</i>					
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

FILED

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