RI SOS Filing Number: 201858270340 Date: 2/14/2018 4:00:00 PM

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.

| 1 | 2. Exact name of the Corporation | | |
|---|---|---|---|
| 1661713 | ADAMS FINE PEARL JEWELRY | | |
| 3. Principal Office Address | City | State | Zip |
| 29 LINTON ST | PAWTUCKET | RI | 02861 |
| 4. NAICS Code: 448150 | 6. Brief description of the character of business conducted in Rhode Island: Sell Pearl Jewelry | | |
| 5. State of Incorporation: RI | | | |

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

| President Name | Vice-President Name |
|---|---|
| DALE ADAMS | |
| Street Address: 29 LINTON ST | Street Address |
| City: PAWTUCKET State: RI Zip: 02861 | City State Zip |
| Secretary Name | Treasurer Name |
| Street Address | Street Address |
| City State Zip | City State Zip |

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

| 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 ☐ | | |
|---|---|---|---|
| **This information is currently of record in the Department of State.** | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **Changes require an additional filing.** | 50,000 | | 0.01 |

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 | Date |
|---|---|
| DALE ADAMS | 1/31/18 |
| Signature of Authorized Representative: Dale Adams | |

**FILED**
FEB 14 2018
BY 324233
A.A.

**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**