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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Corporation

STAMP

A SA STALL MARKET AND MARK WITH MARKS

→ Filing period: January 1 - March 1 .

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.0	0 fee if form is no	ot filed by April 1.					
1. Entity ID Number 000073069		2. Exact name of the Corporation FIRENZA JEWELERS, INC.					
Principal Office Address GEORGE WASHINGTON HWY, LINCOLN MALL			City LINCOLN		State RI	Zip 02865	
4. NAICS Code 4. NAICS Code 5. State of Incorporation RHODE ISLAND	THE RETAI	Brief description of the character of business conducted in Rhode Island THE RETAIL AND SERVICES OF JEWELRY					
7. List ALL officers (names and President Name ANTOINE TANI	Check the box to indicate an attachment Vice-President Name ANTOINE TANNOUS						
Street Address 3 WARING CIRC	Street Address 3 WARING CIRCLE						
City WORCESTER	State MA	^{Zip} 01609	City WORCESTER		State MA	Zip 01609	
Secretary Name ANTOINE TANNOUS			Treasurer Name ANTOINE TANNOUS				
Street Address 3 WARING CIRCLE			Street Address 3 WARING CIRCLE				
City WORCESTER	State MA	^{Zip} 01609	City WORCESTER		State M/	A Zip 01609	
8. List ALL directors (names an Director Name ANTOINE TANN		•	Director Name		the box to	indicate an attachment	
Street Address 3 WARING CIRCLE			Street Address				
City WORCESTER	State MA	Zip 01609	City		State	Zip	
Director Name		<u>J.</u>	Director Name		ı		
Street Address			Street Address	3			
City	State	Zip	City		State	Zıp	
9. Shares Authorized		10. Shares Is		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 100		CLASS/SERIES COMMON/VOTING NO		NO PAR VALUE	
11. This report must be execute trustee, this report must be exe		• •	•	•	ration is in	the hands of a receiver or	
Under penalty of perjury, I de statements, and that all state	ments contained			ncluding any accom		schedules and	
Name of Authorized Represent	ative Anto	no To		<u></u>	Date 2	-25-18	
Signature of Authorized Repres	entative	SIGN DO	OCUMENT HERE	FILE		1	
MAIL TO:				MAR 0 1 2	018		

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov