VEARA 03/10 2018 7:10PM RISOS Filing Number: 201860314300 Date: 3/15/2018 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 Entity ID Number	2 Exact name of the Corporation		
000165362	VEARA IN JEWELRY, INC.		
3 Principal Office Address	City	State	Zip
225 CONANT ST	PAWTUCKET	RI	02860
4 NAICS Code: 561900	6 Brief description of the character of business conducted in Rhode Island: 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
VEARA IN	
Street Address: 134 HUDSON ST	Street Address:
City: PROVIDENCE; State: RI; Zip: 02909	City; State; Zip
Secretary Name: VEARA IN	Treasurer Name: VEARA IN
Street Address: 134 HUDSON ST	Street Address: 134 HUDSON ST
City: PROVIDENCE; State: RI; Zip: 02909	City: PROVIDENCE; State: RI; Zip: 02909

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

Director Name	Director Name
VEARA IN	
Street Address: 134 HUDSON ST	Street Address:
City: PROVIDENCE; State: RI; Zip: 02909	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.
Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	CWP	

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: Vasant Veara — Date:

Signature of Authorized Representative: VEARA IN

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
MAR 15 2018
BY 7338 DS

FORM 630 - Revised: 08/2017