



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

FILED

Annual Report for the year: **2018**
 Corporation

MAR 26 2018

Handwritten initials/signature

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty Additional \$25.00 fee if form is not filed by April 1.

BY 1657

1 Entity ID Number 001513922		2 Exact name of the Corporation B & B JEWELRY CO.			
3 Principal Office Address 27 MILL STREET			City JOHNSTON	State RI	Zip 02919
4 NAICS Code 448310		6. Brief description of the character of business conducted in Rhode Island JEWELRY MANUFACTURER			
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 BOUNLONG INTILATH			Vice-President Name BOUNLONG INTILATH		
Street Address 59 OAKHILL DRIVE			Street Address 59 OAKHILL DRIVE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name BOUNLONG INTILATH			Treasurer Name BOUNLONG INTILATH		
Street Address 59 OAKHILL DRIVE			Street Address 59 OAKHILL DRIVE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1,000		CWP
			PAR VALUE		\$1.000
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. <i>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.</i>					
Name of Authorized Representative BOUNLONG INTILATH				Date 3/13/18	
Signature of Authorized Representative <i>[Handwritten Signature]</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