



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2011**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

| | | | |
|---|-------|--|--------------------|
| 1. Entity ID No. 000124977 | | 2. Exact name of the Corporation PRIME JEWELRY GROUP | |
| 3. State of Incorporation RI | | 4. Brief description of the character of business conducted in Rhode Island TO ESTABLISH AN ECONOMIC MODEL FOR MARKETING TO INDEPENDENT JEWELERS IN HIGH-RISK RETAIL MARKETS # 813 990 | |
| 5. Principal office address 19 FIFTH AVENUE | | City CRANSTON | State RI |
| | | Zip 02910 | |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> | | | |
| President Name | | Vice-President Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| Secretary Name | | Treasurer Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| 7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> | | | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| 8. REGISTERED AGENT IN RHODE ISLAND | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641. | | | |

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

| |
|---------------------------------|
| File Date _____ |
| Check No _____ |
| By: _____ |
| FOR SECRETARY OF STATE USE ONLY |

FILED

MAY 07 2018

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Form No. 631
Revised: 04/2014

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.

Tommy Lail

Signature of Officer or Authorized Representative

5/1/2018

Date

Tommy Lail, Treasurer

Print or Type Name of Officer or Authorized Representative

4:22

PRIME JEWELRY GROUP

LIST OF OFFICERS

JOHN PREZIOSE – PRESIDENT *and Director*
ADDRESS: 19 FIFTH AVENUE CRANSTON, RI 02910

DAVID ETHIER – TREASURER *and Director*
ADDRESS: 19 FIFTH AVENUE CRANSTON, RI 02910

CAROLE GREENBERG – SECRETARY *and Director*
ADDRESS: 19 FIFTH AVENUE CRANSTON, RI 02910

ALISA UNGER – VENDOR RELATIONS CHAIR
ADDRESS: 19 FIFTH AVENUE CRANSTON, RI 02910

ELLY ADLER – MARKETING
ADDRESS: 19 FIFTH AVENUE CRANSTON, RI 02910