



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 **2007**

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. <b>000124977</b>		2. Exact name of the Corporation <b>PRIME JEWELRY GROUP</b>	
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>TO ESTABLISH AN ECONOMIC MODEL FOR MARKETING TO INDEPENDENT JEWELERS IN HIGH-RISK RETAIL MARKETS # 813790</b>	
5. Principal office address <b>19 FIFTH AVENUE</b>		City <b>CRANSTON</b>	State <b>RI</b>
6. LIST <u>ALL</u> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name		Vice-President Name	
Street Address		Street Address	
City	State	Zip	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
7. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> 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	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	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: _____
<b>FOR SECRETARY OF STATE USE ONLY</b>

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.

*Tammy Lail* 5/1/2018  
Signature of Officer or Authorized Representative Date  
*Tammy Lail, Treasurer*  
Print or Type Name of Officer or Authorized Representative

**FILED**

**MAY 07 2018**

BY *330156*

4:18

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