

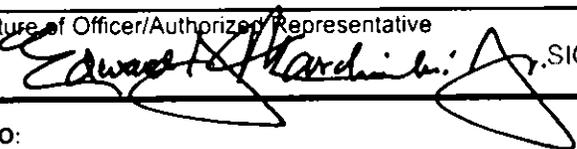


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
STAMP
 JUL 02 2018
 BY 1274

Annual Report for the year: 2018
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 94876		2. Exact name of the Corporation Jewelry District Association.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To engage and promote the orderly development of the Jewelry District			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 222 Chestnut Street		City Providence	State RI	Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sharon Steele		Vice-President Name Olin Thompson			
Street Address 95 Chestnut Street		Street Address 150 Chestnut Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Lewis D. Dana		Treasurer Name Edward J. Marchwicki, Jr.			
Street Address 116 Chestnut Street		Street Address 222 Chestnut Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Sharon Steele		Director Name Olin Thompson			
Street Address 95 Chestnut Street		Street Address 150 Chestnut Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Lewis D. Dana		Director Name E. Anthony Santurri			
Street Address 116 Chestnut Street		Street Address 100 Dorrance Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Edward J. Marchwicki, Jr.				Date June 28, 2018	
Signature of Officer/Authorized Representative 				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