

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

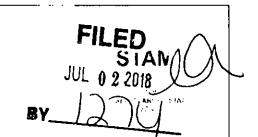
Annual Report for the year:
Non-Profit Corporation

2018

→ 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	2. Exact name of the Corporation				
94876	Jewelry District Association				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
Rhode Island	To engage and promote the orderly development of the Jewelty District				
4. NAICS Code				• • • •	
813319 - Other Social Advoc ▼					
6. Principal Office Address	 -		City	State	Zip
222 Chestnut Street			Providence	RI	02903
7. List ALL officers (names and add	lresses)			Check the box to indic	cate an attachment
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 ad	idresses). RI C	orporations MUST	list at least THREE directors.	Check the box to indu	cate an attachment
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	RI	02903			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 Islan	d. This information	on is currently of reco	ord in the Department of State. Ch	anges require filing Form 6	41.
Under penalty of perjury, I decla statements, and that all stateme				accompanying sched	ules and
This report must be signed by either the Pre-	sident, Vice-Preside	nt, Secretary, Assistant	Secretary, Treasurer, duly Authorized F	Representative, Receiver or Tru	istoe.
Name of Officer/Authorized Representative				Date	
Edward J. Marchwicki, Jr.				June 28, 2018	
Signature of Officer/Authorizon/Rep	oresentative	SIGN DO	CUMENT 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

FORM 631 - Revised: 11/2017