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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation		
56792	A & N Jewelry Co., INC.		
3. Principal office address: 22 First st.	City: E. Providence	State: R.I.	Zip: 02914
4. Business Phone No.: (401) 431-9500	5. State of Incorporation: Rhode Island		
6. Brief description of the character of business conducted in Rhode Island: Custome Jewelry MFG. 423940			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Dianne Elmekawy			Vice-President Name: none		
Street Address: 429 Charles st.			Street Address		
City: Providence	State: R.I.	Zip: 02904	City	State	Zip
Secretary Name: Dianne Elmekawy			Treasurer Name: Mekawy E. Elmekawy		
Street Address: Same			Street Address: 429 Charles st.		
City	State	Zip	City: Providence	State: R.I.	Zip: 02904

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: None			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 ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. 300 No par value	None		0

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.

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

FILED
DEC 26 2018
BY 20457 DS

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.

M. Elmekawy 12/22/18
Signature of Authorized Representative — Date

Mekawy E. Elmekawy
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012