



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

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 00004204		2. Exact name of the Corporation Cinerama Jewelry, Inc.			
3. Principal Office Address 115 Pettaconsett Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 31 - 33	6. Brief description of the character of business conducted in Rhode Island Jewelry Manufacturing				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rebecca S. Rafaelian - Caruolo			Vice-President Name Carolyn A. Rafaelian		
Street Address 115 Pettaconsett Avenue			Street Address 115 Pettaconsett Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Carolyn A. Rafaelian			Treasurer Name Rebecca S. Rafaelian - Caruolo		
Street Address 115 Pettaconsett Avenue			Street Address 115 Pettaconsett Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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 Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			10	Class A Common	No Par
			390	Class B Common	No Par
11. 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.					
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.					
Name of Authorized Representative Rebecca S. Rafaelian - Caruolo				Date January 12, 2019	
Signature of Authorized Representative _____					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

JAN 16 2019
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