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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 \$25.0  | JU tee it torm is no                              | ot filed by April 1.   |                                      |  |                |                                |  |
|---|---|--|--------------------------------------|--|----------------|--------------------------------|--|
| 1 Entity ID Number  |   | 2. Exact name of the Corporation   |                                      |  |                |                                |  |
| 00120048 B & P Jewelry, Inc.  |   |  |                                      |  |                |                                |  |
| 3. Principal Office Address   |   |  | City                                 |  | State          | Zıp                            |  |
| 934 Broad Street  |   |  | Providence                           | ,  | RI             | 02907                          |  |
| 4. NAICS Code   | 6. Brief desci                                    | Brief description of the character of business conducted in Rhode Island                       |                                      |  |                |                                |  |
| 448310  | To operate  | To operate a jewelry store. Buying and selling jewelry and watches at retail and wholesale. To |                                      |  |                |                                |  |
| 5. State of Incorporation   | repair jewe                                       | repair jewelry.  |                                      |  |                |                                |  |
| Rhode Island  |   |  |                                      |  |                |                                |  |
| 7. List ALL officers (names and   | Check the box to indicate an attachment $\square$ |  |                                      |  |                |                                |  |
| President Name Pedro Feliz  |   |  | Vice-President Name Brenda Reyes     |  |                |                                |  |
| Street Address 250 Locust Gler  | Street Address 250 Locust Glen Drive              |  |                                      |  |                |                                |  |
| City Cranston   | State RI  | <sup>Zip</sup> 02921   | City Cranston                        |  | State RI       | <sup>71p</sup> 02921           |  |
| Secretary Name Pedro Feliz  |   |  | Treasurer Name Brenda Reyes          |  |                |                                |  |
| Street Address 250 Locust Glen Drive  |   |  | Street Address 250 Locust Glen Drive |  |                |                                |  |
| City Cranston   | State RI  | <sup>Zip</sup> 02921   | City Cranston                        |  | State RI       | State RI 7 <sup>1p</sup> 02921 |  |
| 8 List Al.L directors (names an   | d addresses)                                      |  |                                      | Check  | the box to i   | ndicate an attachment 🔲        |  |
| Director Name Pedro Feliz   |   |  | Director Name<br>Brenda Reyes        |  |                |                                |  |
| Street Address 250 Locust Glen Drive  |   |  | Street Address 250 Locust Glen Drive |  |                |                                |  |
| City Cranston   | State RI  | Zip 02921  | City Cranston                        |  | State RI       | Zip 02921                      |  |
| Director Name   |   |  | Director Name                        |  |                |                                |  |
| Street Address  |   |  | Street Address                       |  |                |                                |  |
| City  | State   | Zip  | City                                 | <u></u>  | State          | Zıp                            |  |
|   |   | 10.05  |                                      | Charle   | the boy to     | ndicate an attachment          |  |
| 9 Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. |   | 10. Shares Iss   |                                      | Check the box to indicate an attachment   CLASSISTRIES  PAR VALUE  PAR VALUE |                |                                |  |
|   |   | 1,000  |                                      | Common   |                | No Par                         |  |
|   |   |  |                                      | · · · · · · · · · · · · · · · · · · ·  |                |                                |  |
| 11. This report must be execute   | ed on behalf of the                               | corporation by an  | authorized repres                    | sentative. If the corpo  | ration is in t | the hands of a receiver or     |  |
| trustee, this report must be exe<br>Under penalty of perjury, I de  | cuted on benait of                                | the comporation by<br>that I have examin   | ed this report, in                   | ustee.<br>ncluding any accon   | npanying s     | chedules and                   |  |
| statements, and that all state  | ments contained                                   |  |                                      | · <del>····································</del>                            | <del></del>    |                                |  |
| Name of Authorized Representative  Brenda Reyes  Oate   |   |  |                                      |  |                |                                |  |
| Signaldre of Authorized Repres  | sentative   | SIGN DO  | CUMENTHERE                           | rn -/  | <u> </u>       | 14/19                          |  |
| I come sel  | - Cy-   | <u>~</u>   |                                      |  |                | / [ ] / _                      |  |

MAIL TO:

Division of Business Services

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