



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 16738		2. Name of Corporation NIGRELLI'S JEWELRY & SONS, INCORPORATED			
3. Street Address Principal Business Office 27 High Street			City Westerly	State RI	Zip 02891
4. Business Phone No. 401-596-4421		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island jewelry - retail					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William David Nigrelli			Vice President Name		
Street Address 1 Gristmill Lane			Street Address		
City West Kingstown	State RI	Zip 02892	City	State	Zip
Secretary Name			Treasurer Name William David Nigrelli		
Street Address			Street Address		
City	State RI	Zip 02891	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name William David Nigrelli		
Street Address			Street Address 1 Gristmill Lane		
City	State RI	Zip 02891	City West Kingstown	State RI	Zip 02892
Director Name Hellen Ann Nigrelli			Director Name Joseph Michael Nigrelli, Sr.		
Street Address 4 Emerald Street			Street Address 4 Emerald Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 1200	Class/Series common	Par Value no par value
			THIS SECTION MUST BE COMPLETED		

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	

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.

FILED

Signature

Date

JAN 30 2019

Print or Type Name

BY

Title