



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

**FILED**

FEB 04 2019

BY 25648  
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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 <b>6393</b>		2. Exact name of the Corporation <b>Mag Jewelry Co., Inc.</b>				
3. Principal Office Address <b>838 Dyer Avenue</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	
4 NAICS Code <b>339910</b>		6. Brief description of the character of business conducted in Rhode Island <b>Jewelry Manufacturing</b>				
5. State of Incorporation <b>Rhode Island</b>						
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>						
President Name <b>Alfred Magnanimi</b>			Vice-President Name <b>None</b>			
Street Address <b>838 Dyer Avenue</b>			Street Address			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip	
Secretary Name <b>Alfred Magnanimi</b>			Treasurer Name <b>Alfred Magnanimi</b>			
Street Address <b>838 Dyer Avenue</b>			Street Address <b>838 Dyer Avenue</b>			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>						
Director Name <b>Alfred Magnanimi</b>			Director Name			
Street Address <b>838 Dyer Avenue</b>			Street Address			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>						
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued				
		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
		<b>150</b>	<b>Common</b>	<b>No par value</b>		
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 <b>Alfred Magnanimi</b>				Date <b>January 24, 2019</b>		
Signature of Authorized Representative <i>Alfred Magnanimi</i>			SIGN DOCUMENT HERE			