

FILED

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FEB 11 2019

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.

BY

23399
ear

1. Entity ID Number 001678162		2. Exact name of the Corporation Mya Bella, Inc.			
3. Principal Office Address P.O. Box 19064			City Johnston	State RI	Zip 02919
4. NAICS Code 315990		6. Brief description of the character of business conducted in Rhode Island Manufacture, distribution and sale of jewelry and all other lawful purposes.			
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 Erika G. Paz-Duffy			Vice-President Name ---		
Street Address P.O. Box 19064			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name ---			Treasurer Name Erika G. Paz-Duffy		
Street Address			Street Address P.O. Box 19064		
City	State	Zip	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name n/a			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			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
1000 common no par value		NUMBER OF SHARES CLASS/SERIES PAR VALUE			
Changes require an additional filing.		-500- common no par value			
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 Erika G. Paz-Duffy, President					Date 01/10/19
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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