



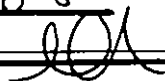
State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

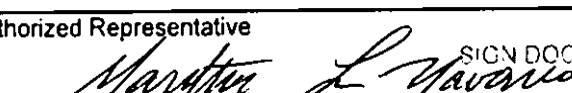
**FILED**

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 20198  


1. Entity ID Number <b>144615</b>		2. Exact name of the Corporation <b>OMAR &amp; OSCAR JEWELRY, INC.</b>					
3. Principal Office Address <b>394 DEXTER STREET</b>				City <b>CENTRAL FALLS</b>		State <b>RI</b>	Zip <b>02863</b>
4. NAICS Code <b>423940</b>		6. Brief description of the character of business conducted in Rhode Island <b>VENDING AND BUYING JEWELRY</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>MARTHA L. NAVARRO</b>				Vice-President Name <b>MARTHA L. NAVARRO</b>			
Street Address <b>1 RIVET DRIVE.</b>				Street Address <b>1 RIVET DRIVE</b>			
City <b>LINCOLN</b>		State <b>RI</b>	Zip <b>02865</b>		City <b>LINCOLN</b>		Zip <b>02865</b>
Secretary Name				Treasurer Name			
Street Address				Street Address			
City		State	Zip		City		Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
Director Name				Director Name			
Street Address				Street Address			
City		State	Zip		City		Zip
Director Name				Director Name			
Street Address				Street Address			
City		State	Zip		City		Zip
9. Shares Authorized			10. Shares Issued <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.			NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
			<b>100</b>		<b>COMMON</b>		<b>NONE</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. <i>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.</i>							
Name of Authorized Representative <b>MARTHA L. NAVARRO</b>						Date <b>02/04/19</b>	
Signature of Authorized Representative  <span style="float: right;">SIGN DOCUMENT HERE</span>							

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