

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

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

-2019 FFR 11. AMID: 20

| 1. Entity ID Number<br>000022703                           |                      | 2. Exact name of the Corporation STERLING JEWELERS INC                                            |                                        |                        |                        |                         |  |
|------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------|----------------------------------------|------------------------|------------------------|-------------------------|--|
| 3. Principal Office Address<br>375 GHENT ROAD              | •                    |                                                                                                   | City<br>AKRON                          |                        | State<br>OH            | Zip<br>44333            |  |
| 4. NAICS Code<br>448310                                    |                      | 6. Brief description of the character of business conducted in Rhode Island RETAIL JEWELERY SALES |                                        |                        |                        |                         |  |
| 5. State of Incorporation OHIO                             | <del></del>          |                                                                                                   |                                        |                        |                        |                         |  |
| 7. List ALL officers (names                                | and addresses)       |                                                                                                   |                                        | Che                    | eck the box to in      | ndicate an attachment [ |  |
| President Name PLEASE SEE ATTACHED                         |                      |                                                                                                   | Vice-Preside                           | Vice-President Name    |                        |                         |  |
| Street Address                                             |                      |                                                                                                   | Street Addre                           | Street Address         |                        |                         |  |
| City                                                       | State                | Zip                                                                                               | City                                   |                        | State                  | Zip                     |  |
| Secretary Name                                             | •                    | <u> </u>                                                                                          | Treasurer Na                           | ime                    | <del>_</del>           | <u>,</u>                |  |
| Street Address                                             |                      |                                                                                                   | Street Address                         |                        |                        |                         |  |
| Ĉity                                                       | State                | Zip                                                                                               | City                                   |                        | State                  | Zip                     |  |
| 8. List ALL directors (name                                | s and addresses)     |                                                                                                   | ······································ | Che                    | eck the box to in      | ndicate an attachment   |  |
| Director Name                                              |                      |                                                                                                   | Director Nam                           | 16                     |                        |                         |  |
| Street Address                                             |                      |                                                                                                   | Street Address                         |                        |                        |                         |  |
| City                                                       | State                | Zip                                                                                               | City                                   |                        | State                  | Zıp                     |  |
| Director Name                                              |                      |                                                                                                   | Director Name                          |                        |                        |                         |  |
| Street Address                                             |                      |                                                                                                   | Street Addre                           | ss                     |                        | <u></u>                 |  |
| City                                                       | State                | Zip                                                                                               | City                                   |                        | State                  | Zip                     |  |
| 9. Shares Authorized                                       | <u> </u>             | 10. Shares Is                                                                                     | I<br>ssued                             | Che                    | L<br>eck the box to in | ndicate an attachment [ |  |
| This information is currently                              | of record in the     | NUMBER OF SHARES                                                                                  |                                        | CLASS/SERIES PAR VALUE |                        |                         |  |
| Department of State. Changes require an additional filing, |                      | 1000                                                                                              |                                        | CNP                    | ·                      | 0                       |  |
|                                                            |                      |                                                                                                   |                                        | 1                      |                        |                         |  |
| 11. This report must be exe                                |                      |                                                                                                   | •                                      |                        | orporation is in t     | he hands of a receiver  |  |
| Under penalty of perjury,<br>statements, and that all s    | I declare and affirm | that I have exami                                                                                 | ned this report,                       |                        | companying so          | chedules and            |  |
| Name of Authorized Representative                          |                      |                                                                                                   |                                        |                        | Date                   |                         |  |
| KENNETH GOLDBERG SVP & TREASURER                           |                      |                                                                                                   |                                        |                        | 2/7/2019               |                         |  |
| Signature of Authorized Re                                 | presentative         | 7000                                                                                              | DESVENT-HERI                           | FILE                   |                        | -                       |  |

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017

# STERLING JEWELERS INC. SCHEDULE OF OFFICERS

### **DIRECTORS**

| NAME             | BUSINESS<br>ADDRESS | EXPIRATION<br>OF TERM |
|------------------|---------------------|-----------------------|
| J. LYNN DENNISON | 375 GHENT RD.       | WHEN SUCCESSOR IS     |
|                  | AKRON, OH 44333     | APPOINTED             |
| RORY O'DONNELL   | 375 GHENT RD.       | WHEN SUCCESSOR IS     |
|                  | AKRON, OH 44333     | APPOINTED             |
| STASH PTAK       | 375 GHENT RD.       | WHEN SUCCESSOR IS     |
|                  | AKRON, OH 44333     | APPOINTED             |

#### **OFFICERS**

| NAME             | BUSINESS<br>ADDRESS | EXPIRATION<br>OF TERM |
|------------------|---------------------|-----------------------|
| J LYNN DENNISON  | 375 GHENT RD.       | WHEN SUCCESSOR IS     |
| PRESIDENT        | AKRON, OH 44333     | APPOINTED             |
| RORY O'DONNELL   | 375 GHENT RD        | WHEN SUCCESSOR IS     |
| VICE PRESIDENT   | AKRON, OH 44333     | APPOINTED             |
| KENNETH GOLDBERG | 375 GHENT RD        | WHEN SUCCESSOR IS     |
| TREASURER        | AKRON, OH 44333     | APPOINTED             |
| STASH PTAK       | 375 GHENT RD        | WHEN SUCCESSOR IS     |
| SECRETARY        | AKRON, OH 44333     | APPOINTED             |