



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
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 542645		2. Exact name of the Corporation PRIMA DONNA COSTUME JEWELRY & ACCESSORIES, INC.									
3. Principal Office Address 1680 Cranston Street		City Cranston		State RI	Zip 02920						
4. NAICS Code 81111	6. Brief description of the character of business conducted in Rhode Island Costume jewelry and accessories.										
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 Stephanie Rossi			Vice-President Name								
Street Address 1680 Cranston Street			Street Address								
City Cranston	State RI	Zip 02920	City	State	Zip						
Secretary Name Stephanie Rossi			Treasurer Name Stephanie Rossi								
Street Address 1680 Cranston Street			Street Address 1680 Cranston Street								
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920						
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>						
Director Name			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"/>									
Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value
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100	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 Stephanie Rossi					Date 2-8-19						
Signature of Authorized Representative 					SIGN DOCUMENT HERE FILED						

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

FEB 20 2019

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