

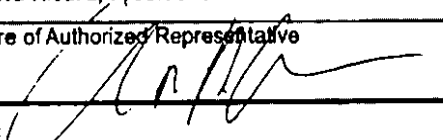


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

RECEIVED
SECRETARY OF
CORPORATIONS
STATE OF RHODE ISLAND
2019 FEB 26 PM 1:55

1. Entity ID Number 40403		2. Exact name of the Corporation Ricard's Jewelry, Inc.			
3. Principal Office Address 555 Newport Avenue		City Pawtucket		State RI	Zip 02861
4. NAICS Code 811490	6. Brief description of the character of business conducted in Rhode Island Jewelry repair and sales.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Raymond Ricard			Vice-President Name Anne Ricard		
Street Address 255 Williston Way			Street Address 465 Newport Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Raymond Ricard			Treasurer Name Anne Ricard		
Street Address 255 Williston Way			Street Address 465 Newport Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 Check the box to indicate an attachment ☐					
10. Shares Issued Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	CNP	\$1.00 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 Raymond Ricard, President					Date 2-26-19
Signature of Authorized Representative  SIGN DOCUMENT HERE					

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

FILED

FEB 26 2019
BY **1 KPSSK**
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FORM 630 - Revised: 10/2017