



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

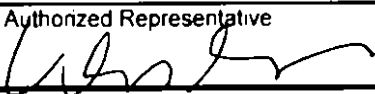
RECEIVED
SECRETARY OF STATE
CORPORATIONS DIVAnnual Report for the year: **2019**
Corporation

2019 MAR 18 AM 8:45

→ 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 20227		2. Exact name of the Corporation Saxon International Jewelry Company, Inc.			
3. Principal Office Address 137 Applegate Road		City Cranston		State RI	Zip 02920
4. NAICS Code 339910	6. Brief description of the character of business conducted in Rhode Island Manufacture and sale of rings and related jewelry				
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 Vito A. Scola			Vice-President Name		
Street Address 137 Applegate Road			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Vito A. Scola			Treasurer Name Vito A. Scola		
Street Address 137 Applegate Road			Street Address 137 Applegate Road		
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 Vito A. Scola			Director Name		
Street Address 137 Applegate Road			Street Address		
City Cranston	State RI	Zip 02920	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 <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		PAR VALUE	
		NUMBER OF SHARES	CLASS/SERIES		
		2,000	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 Vito A. Scola, President					Date: February 20, 2019
Signature of Authorized Representative 					FILED MAR 18 2019 8:45 BY an ck 2026

MAIL TO:

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