



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

SECRETARY OF STATE
CORPORATIONS DIV

Amended

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1 Amended. 2019 MAR 15 PM 1:33
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 30975		2. Exact name of the Corporation Ephraim Doumato Jewelers			
3. Principal Office Address 425 Putnam Pike		City Greene Smithfield	State RI	Zip 02917	
4. NAICS Code 448310		6. Brief description of the character of business conducted in Rhode Island Jewelry Sales			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name EPHRAIM P. DOUMATO			Vice-President Name LOUISE B. DOUMATO		
Street Address 7 MERRILL LN			Street Address 7 MERRILL LN		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
Changes require an additional filing.		600		0	
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 Matt Doumato				Date 3-15-19	
Signature of Authorized Representative				FILED	

PROVIDENCE, RHODE ISLAND

MAR 15 2019

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

BY

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