



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

Annual Report for the year: 2018
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

CORPORATION STATE
 2019 APR 15 AM 11:18

1. Entity ID Number <u>148625</u>		2. Exact name of the Corporation <u>Vetta Jewelry Inc</u>			
3. Principal Office Address <u>1220 Park Ave apt 9D</u>		City <u>new York</u>	State <u>ny</u>	Zip <u>10128</u>	
4. NAICS Code <u>423940</u>		6. Brief description of the character of business conducted in Rhode Island <u>woman whole sale costume jewelry warehouse + Distribution center</u>			
5. State of Incorporation <u>new York</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Mary Walsh</u>			Vice-President Name		
Street Address <u>1220 Park Ave apt 9D</u>			Street Address		
City <u>new York</u>	State <u>ny</u>	Zip <u>10128</u>	City	State	Zip
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. Changes require an additional filing.			NUMBER OF SHARES <u>200</u>		PAR VALUE <u>0</u>
			CLASS/SERIES		
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 <u>MARY WALSH</u>				Date <u>4/10/2019</u>	
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

APR 15 2019
 BY RFRQB
A.A. 11:19 A.M.