



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

Annual Report for the year: **2020**  
Corporation

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

FILED

JAN 13 2020

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853.05

1. Entity ID Number <b>000159978</b>		2. Exact name of the Corporation <b>Christian Jewelers, Inc.</b>			
3. Principal Office Address <b>184 Front Street</b>		City <b>Lincoln</b>		State <b>RI</b>	Zip <b>02865</b>
4. NAICS Code <b>448310</b>		6. Brief description of the character of business conducted in Rhode Island <b>Jewelry</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Elle C Ghazal</b>			Vice-President Name <b>Afaf Ghazal</b>		
Street Address <b>14 Great Meadows Lane</b>			Street Address <b>14 Great Meadows Lane</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
Secretary Name <b>Afaf Ghazal</b>			Treasurer Name <b>Afaf Ghazal</b>		
Street Address <b>14 Great Meadows Lane</b>			Street Address <b>14 Great Meadows Lane</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		Common		\$0.01	
Changes require an additional filing.					
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 <b>AFAF E. Ghazal</b>					Date <b>1-8-2020</b>
Signature of Authorized Representative <i>Afaf E. Ghazal</i>					SIGN DOCUMENT HERE

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov