



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

MAR 02 2020 *DL*

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1. Entity ID Number 12819		2. Exact name of the Corporation Jewel Case Corporation			
3. Principal Office Address 110 Dupont Drive		City Providence		State RI	Zip 02907
4. NAICS Code 315990	6. Brief description of the character of business conducted in Rhode Island Manufacturers of presentation boxes				
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 Therese J. Eisen			Vice-President Name		
Street Address P.O. Box 1216			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Elisabeth D. Slocum			Treasurer Name		
Street Address 1628 Wading Heron Way			Street Address		
City The Villages	State FL	Zip 32163	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William Slocum			Director Name		
Street Address 1628 Wading Heron Way			Street Address		
City The Villages	State FL	Zip 32163	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		
			NUMBER OF SHARES	CLASS/SERIES	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 Therese J. Eisen					Date 2/25/20
Signature of Authorized Representative <i>Therese J. Eisen</i>					