



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

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2020 JUL 21 PM 12:00

Annual Report for the year: 2019 Corporation

- 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 000161199		2. Exact name of the Corporation Cheap Wholesale Jewelry.com, Inc.			
3. Principal Office Address 363 Fry Pond Road			City West Greenwich	State RI	Zip 02817
4. NAICS Code 448310		6. Brief description of the character of business conducted in Rhode Island Internet Jewelry Sales and Any Other Lawful Business			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
President Name Summer Guerrieri			Vice-President Name Summer Guerrieri		
Street Address 363 Fry Pond Road			Street Address 363 Fry Pond Road		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
Secretary Name Summer Guerrieri			Treasurer Name Summer Guerrieri		
Street Address 363 Fry Pond Road			Street Address 363 Fry Pond Road		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
8. List ALL directors (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
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 <input type="checkbox"/> Check the box to indicate an attachment		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			600		
			STK		
			.01		
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. <input checked="" type="checkbox"/>					
Name of Authorized Representative Summer Guerrieri				Date 07/16/2020	
Signature of Authorized Representative <i>Summer Guerrieri</i>				FILED SIGN DOCUMENT HERE JUL 21 2020 BY <i>210DA2</i> <i>A.A. 12:01pm.</i>	

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