



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

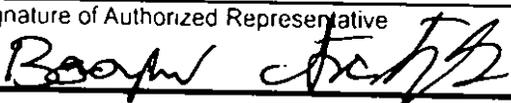
Annual Report for the year: 2021
Corporation

FILED

JAN 20 2021

BY 2275

- 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 001513922		2. Exact name of the Corporation B & B JEWELRY CO.			
3. Principal Office Address 27 MILL STREET			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 448310		6. Brief description of the character of business conducted in Rhode Island JEWELRY MANUFACTURING			
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 BOUAPHAN INTHILATH			Vice-President Name BOUAPHAN INTHILATH		
Street Address 59 OAK HILL DRIVE			Street Address 59 OAK HILL DRIVE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name BOUAPHAN INTHILATH			Treasurer Name BOUAPHAN INTHILATH		
Street Address 59 OAK HILL DRIVE			Street Address 59 OAK HILL DRIVE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name BOUAPHAN INTHILATH			Director Name		
Street Address 59 OAK HILL DRIVE			Street Address		
City JOHNSTON	State RI	Zip 02919	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		PAR VALUE
			1,000	CWP	\$1.0000
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. <i>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.</i>					
Name of Authorized Representative BOUAPHAN INTHILATH				Date 1/7/2021	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

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