



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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

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|---|-------------|---|---|-------------|------------------|
| 1. Entity ID Number 95341 | | 2. Exact name of the Corporation a jour jewelry, inc. | | | |
| 3. Principal Office Address Bristol Landing, 325 Metacom Avenue | | | City Bristol | State RI | Zip 02809 |
| 4. NAICS Code 811490 | | 6. Brief description of the character of business conducted in Rhode Island To engage in the business of custom jewelry model making | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Klaus Kutter | | | Vice-President Name None | | |
| Street Address 57 Sherman Avenue | | | Street Address | | |
| City Bristol | State RI | Zip 02809 | City | State | Zip |
| Secretary Name Klaus Kutter | | | Treasurer Name Klaus Kutter | | |
| Street Address 57 Sherman Avenue | | | Street Address 57 Sherman Avenue | | |
| City Bristol | State RI | Zip 02809 | City Bristol | State RI | Zip 02809 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Klaus Kutter | | | Director Name None | | |
| Street Address 57 Sherman Avenue | | | Street Address | | |
| City Bristol | State RI | Zip 02809 | City | State | Zip |
| Director Name None | | | Director Name None | | |
| 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 | CLASSIFIRES | PAR VALUE |
| | | | 100 | Common | No 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 Klaus Kutter | | | | | Date 01/11/21 |
| Signature of Authorized Representative <i>[Handwritten Signature]</i> | | | | | |

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov