[redacted]

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

FILED STAMP
FEB 04 2021 FOR
BY 5018 OS

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.

1. Entity ID Number	2. Exact name of the Corporation
22814	**JIM RUSSELL ENTERPRISES, INC.**

3. Principal Office Address	City	State	Zip
180 Meshanticut Valley Parkway	**Cranston**	**RI**	**02920**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
44-45 - Retail Trade 445291	**Jewelry sales**
5. State of Incorporation: **Rhode Island**	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: **James R. DeCesare**	Vice-President Name: **James R. DeCesare**
Street Address: **180 Meshanticut Valley Parkway**	Street Address: **180 Meshanticut Valley Parkway**
City: **Cranston** State: **RI** Zip: **02920**	City: **Cranston** State: **RI** Zip: **02920**
Secretary Name: **James R. DeCesare**	Treasurer Name: **James R. DeCesare**
Street Address: **180 Meshanticut Valley Parkway**	Street Address: **180 Meshanticut Valley Parkway**
City: **Cranston** State: **RI** Zip: **02920**	City: **Cranston** State: **RI** Zip: **02920**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: **James R. DeCesare**	Director Name:
Street Address: **180 Meshanticut Valley Parkway**	Street Address:
City: **Cranston** State: **RI** Zip: **02920**	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
600	**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: **James R. DeCesare, President**

Signature of Authorized Representative: James R DeCesare

Date: 1-22-21

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

FORM 630 - Revised: 02/2017