RI SOS Filing Number: 202190177090 Date: 2/3/2021 4:00:00 PM

State of Rhode Island and Providence Plantations
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
FEB 03 2021
BY 1525

1. Entity ID Number	2. Exact name of the Corporation
1657360	Bling Bar Jewelry, Inc.

3. Principal Office Address	City	State	Zip
745 Branch Avenue	Providence	RI	02904

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
448150	Jewelry sales
5. State of Incorporation: Rhode Island	

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

President Name	Street Address	City	State	Zip
Kristen L. Thurber	97 Humbert Street, Apt. 1	North Providence	RI	02911

Vice-President Name	Street Address	City	State	Zip
Melissa Beth Pagios	43 DePinedo Street	Providence	RI	02904

Secretary Name	Street Address	City	State	Zip
Kristen L. Thurber	97 Humbert Street, Apt. 1	North Providence	RI	02911

Treasurer Name	Street Address	City	State	Zip
Melissa Beth Pagios	43 DePinedo Street	Providence	RI	02904

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

Director Name	Street Address	City	State	Zip
Kristen L. Thurber	97 Humbert Street, Apt. 1	North Providence	RI	02911

Director Name	Street Address	City	State	Zip
Melissa Beth Pagios	43 DePinedo Street	Providence	RI	02904

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

9. Shares Authorized — 10. Shares Issued — 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	Common	No Par

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: Kristen L. Thurber

Date: ✓ 1/18/21

Signature of Authorized Representative: ✓ Kristen L. Thurber

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: 10/2017