

FILED



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

FEB 19 2021

B-3425 DS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2021

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 38888		2. Exact name of the Corporation JEWELS BY PATRICIA, LTD.	
3. Principal office address 520 COUNTRY VIEW DRIVE		City WARWICK	State RI
4. Business Phone No. (401) 828-7878		5. State of Incorporation RI	
6. Brief description of the character of business conducted in Rhode Island DESIGN, MANUFACTURE, PURCHASE AND SELL JEWELRY			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name PATRICIA A. CIPRIANO		Vice-President Name	
Street Address 520 COUNTRY VIEW DRIVE		Street Address	
City WARWICK	State RI	City	State RI
Zip 02886		Zip	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
Director Name PATRICIA A. CIPRIANO		Director Name	
Street Address 520 COUNTRY VIEW DRIVE		Street Address	
City WARWICK	State RI	City	State
Zip 02886		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES
		200	STOCK
			PAR VALUE
		0	

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.

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Representative

Date

PATRICIA A. CIPRIANO
Print or Type Name of Authorized Representative