FILED

FEB 19 2021

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

B 34025 05

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.	2. Exact name of the Corporation			
38888	JEWELS BY PATRICIA, LTD.			
3. Principal office address: 520 COUNTRY VIEW DRIVE	City: WARWICK	State: RI	Zip: 02886	
4. Business Phone No.: (401) 828-7878	5. State of Incorporation: RI (34025)			
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 Zip: 02886	City: State: Zip:
Secretary Name:	Treasurer Name:
Street Address:	Street Address:
City: State: Zip:	City: State: 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 Zip: 02886	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 Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	STOCK	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.

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.

Patricia A. Cipriano 02/16/2021
Signature of Authorized Representative — Date

PATRICIA A. CIPRIANO
Print or Type Name of Authorized Representative

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012