RI SOS Filing Number: 202192449500 Date: 2/18/2021 4:00:00 PM

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
FEB 18 2021
14059 02

1. Entity ID Number	2. Exact name of the Corporation
35150	GEM-CRAFT, INC.

3. Principal Office Address	City	State	Zip
260 West Exchange Street, Suite 202	Providence	RI	02903

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
339999	Jewelry business
5. State of Incorporation: Rhode Island	

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

President Name	Vice-President Name
Ronald Verri	Ronald Verri
Street Address: 1420 Elmwood Avenue	Street Address: 1420 Elmwood Avenue
City: Cranston, State: RI, Zip: 02910	City: Cranston, State: RI, Zip: 02910
Secretary Name: Robert P. Verri	Treasurer Name: Ronald Verri
Street Address: 260 West Exchange Street, Suite 202	Street Address: 1420 Elmwood Avenue
City: Providence, State: RI, Zip: 02903	City: Cranston, State: RI, Zip: 02910

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

Director Name	Director Name
Street Address	Street Address
City, State, Zip	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
192	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: ROBERT P. VERRI Sec — Date: 2-16-21

Signature of Authorized Representative:

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 08/2020