



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

MAR 1 2021

9179

1. Entity ID Number 000151646		2. Exact name of the Corporation B.U., Inc.			
3. Principal Office Address 812 Charles Street			City Providence		State RI
					Zip 02904
4. NAICS Code 339910		6. Brief description of the character of business conducted in Rhode Island To own, manage, and maintain a jewelry assembly and packaging business			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bryon Urizar			Vice-President Name N/A		
Street Address 812 Charles Street			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Bryon Urizar			Treasurer Name Bryon Urizar		
Street Address 812 Charles Street			Street Address 812 Charles Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			100	Common	\$0.01
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 <i>Bryon Urizar</i>				Date 02-03-21	
Signature of Authorized Representative					

MAIL TO:

Division of Business Services

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