RI SOS Filing Number: 202194691790 Date: 3/17/2021 4:00:00 PM.



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by April 1.

MAR 17 2	
GY A 50	STAMP
6	SECRETARY OF STATE USE ONLY

Entity ID Number	2 Exact nan	2. Exact name of the Corporation						
000892328		Caron's Jewelry Ltd.						
3. Principal Office Address			City	. <u></u>	State	Zip		
473 Hope Street			Bristol		RI	02809		
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island						
448310	Jewelry Reta	Jewelry Retail and Repair; Title: 7-1.2-1701						
5. State of Incorporation								
RI								
7. List ALL officers (names a	nd addresses)				the box to i	ndicate an attachment		
President Name Joseph A. Caron			Vice-President Name Diane Berube-Catanzaro					
Street Address 33 Chachapacasset Road			Street Address 33 Chachapacasset Road					
City Barrington	State RI	Zip 02806	City Barrington		State RI	Zip ()28()6		
Secretary Name				Treasurer Name				
Street Address		Street Address						
City	State	Zip	City		State	Zıp		
8. List ALL directors (names	and addresses)			Check	the box to i	indicate an attachment		
Director Name			Director Nam	Director Name				
Street Address			Street Address					
City	State	Zıp	City		State	Zıp		
Director Name	_		Director Nam	e		<u> </u>		
Street Address			Street Address					
City	State	Zıp	City		State	Zip		
9. Shares Authorized		10. Shares Is	sued	Check	the box to i	ndicate an attachment		
This Information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES PAR VALUE				
		1,000		Common		No Par		
Changes require an additional	l filing.							
11. This report must be execu					oration is in	the hands of a receiver or		
trustee, this report must be e Under penalty of perjury, I						ahadulas and		
statements, and that all sta	itements contained			including any accor	npanying s	cnedules and		
Name of Authorized Representative Joseph A. Caron					Date 2	Date 2/23/21		
Signature of Authorized Repo	reseptative					100/0		
[]	M							
MAIL TO:	<u> </u>							

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