RI SOS Filing Number: 202195975880 Date: 4/26/2021 4:00:00 PM

Annual Report for th	ne year: 202	1		FILE	-		
Corporation ————————————————————————————————————				- APR <b>26</b> 2021			
<ul> <li>→ Filing period: January</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$2</li> </ul>		ot filed by April 1	[.	3v \$ 90	<u>G</u>		
1. Entity ID Number 000005901		e of the Corporation Y CONCEPTS			·	· · · · · · · · · · · · · · · · · · ·	
Principal Office Address			City		State	Zıp	
41 WESTERN INDUSTRIA		CRANSTO	4	RI	02921		
4. NAICS Code	6. Brief descr	iption of the chara	cter of business o	onducted in Rhode	Island		
339910	MANUFACT	MANUFACTURE AND SALE OF JEWELRY.					
5. State of Incorporation		1					
RHODE ISLAND							
7. List ALL officers (names a	and addresses)			Chec	k the box to it	ndicate an attachment	
President Name EARL L. FEENEY			Vice-Presiden	Vice-President Name BONNIE J. FEENEY			
Street Address 41 WESTERN INDUSTRIAL DRIVE			Street Address 41 WESTERN INDUSTRIAL DRIVE				
City CRANSTON	State RI	<sup>Zip</sup> 02921	City CRANS	TON	State RI	<sup>Zip</sup> 02921	
Secretary Name BONNIE J. FEENEY			Treasurer Nam	Treasurer Name EARL L. FEENEY			
Street Address 41 WESTERN	I INDUSTRIAL DRIVI	<del></del>	Street Address	s 41 WESTERN IN	DUSTRIAL D	RIVE	
City CRANSTON	State RI	<sup>Zip</sup> 02921	Cily CRANSTON		State RI	<sup>Zip</sup> 02921	
8. List ALL directors (names	and addresses)				k the box to i	ndicate an attachment 🔲	
Director Name NONE	Director Name	Director Name					
Street Acdress			Street Address				
City	State	Žip	City		State	Zip	
Director Name	· · · · · · · · · · · · · · · · · · ·		Director Name	Director Name			
Street Address	Street Address						
City	State	Zıp	City		State Zip		
9. Shares Authorized		10 Shares Is				ndicate an attachment 🔲	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER C	NUMBER OF SHARES		IE S	PAR VALUE  NO PAR VALUE	
11 This report must be exec					poration is in	I the hands of a receiver or	
trustee, this report must be under penalty of perjury, it	declare and affirm (	hat i háve examþ	ned this report, i		mpanying s	chedules and	
statements, and that all st Name of Authorized Repres		herein are true la	nd correct.		Date .	<del>/ /                                  </del>	
EARL L. FEENEY, PRESID	///	1				13/2021	
	1 1/1/1						

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

Website: www.sos.ri.gov