



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2021**

Corporation

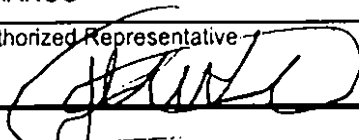
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2021 MAY -6 P 2:40

1. Entity ID Number 001660955		2. Exact name of the Corporation CAMILA JEWELRY INC												
3. Principal Office Address 96 OAKWOOD AVENUE			City PROVIDENCE	State RI	Zip 02909									
4. NAICS Code 999999999		6. Brief description of the character of business conducted in Rhode Island PACKING												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name JENNIFER FRANCO			Vice-President Name											
Street Address 96 OAKWOOD AVENUE			Street Address											
City PROVIDENCE	State RI	Zip 02909	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
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 ☐												
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>75</td> <td>CNP</td> <td>00.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	75	CNP	00.00			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
75	CNP	00.00												
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 JENNIFER FRANCO				Date 04/20/2021										
Signature of Authorized Representative 														

FILED^m

MAY 06 2021

BY Cu OCHOA
2:40