



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.

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BUS SVCS DIV

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1. Entity ID Number 000083108		2. Exact name of the Corporation Lasalle Jewelers, Inc.			
3. Principal Office Address 626 Admiral Street		City Providence		State RI	Zip 02908
4. NAICS Code 448310		6. Brief description of the character of business conducted in Rhode Island TO PURCHASE, ACQUIRE, SELL OR OTHERWISE OPERATE A RETAIL JEWELRY STORE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Seta Parseghian			Vice-President Name Gary Parseghian		
Street Address 626 Admiral Street			Street Address 626 Admiral Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
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			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 Seta Parseghian				Date 8/28/2021	
Signature of Authorized Representative <i>Seta Parseghian</i>					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govAUG 31 2021
BY **44540**
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FORM 630 - Revised: 08/2020