RI SOS Filing Number: 202327346740 Date: 2/1/2023 4:00:00 PM

| | State of Rhode |
|---------------|----------------------------|
| (NN) | State of Rhode Department |

Department of State - Business Services Division

| Annual Report for the year: | 2023 | STAGE | | |
|--|------|----------------|--|--|
| Corporation → Filing period: February 1 - May | 1 | FEB 0 1 2023 0 | | |
| → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if f | | 12162 | | |

| 1. Entity ID Number | 2. Exact name of the Corporation | | | | | | | | |
|---|---|----------------------|---|---|---------------|---------------------------------|--|--|--|
| 00004204 | Cinerama Jewelry, Inc. | | | | | | | | |
| 3. Principal Office Address | | | City | - | State | Zip | | | |
| 115 Pettaconsett Avenue | | Cranston | | RI | 02920 | | | | |
| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island | | | | | | | | |
| 339910 | Jewelry Manufacturing | | | | | | | | |
| 5. State of Incorporation | 1 | | | | | | | | |
| Rhode Island | | | | | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment | | | | | | | | | |
| President Name Rebecca S. Rafaelian - Caruolo | | | Vice-President Name Carolyn A. Rafaelian | | | | | | |
| Street Address 115 Pettaconsett Avenue | | | Street Address 115 Pettaconsett Avenue | | | | | | |
| ^{City} Cranston | State RI | ^{Zip} 02920 | City Cranst | ^{City} Cranston | | ^{Zip} 02920 | | | |
| Secretary Name Carolyn A. Rat | aelian | | Treasurer Name Rebecca S. Rafaelian - Caruolo | | | | | | |
| Street Address 115 Pettaconsett Avenue | | | Street Address 115 Pettaconsett Avenue | | | | | | |
| ^{City} Cranston | State RI | ^{Zip} 02920 | City Cranston | | State RI | ^{Z₁p} 02920 | | | |
| 8. List ALL directors (names and a | ddresses) | | | Check th | ne box to i | ndicate an attachment 🔲 | | | |
| Director Name | | | Director Name | | | | | | |
| Street Address | | Street Address | | | | | | | |
| City | State | Zip | City | | State | Zip | | | |
| | State | E-iP | City | | State | المال | | | |
| Director Name | | Director Name | | | | | | | |
| Street Address | | | Street Address | | | | | | |
| City | State | Zip | City | | State | Zip | | | |
| 9. Shares Authorized | | 10. Shares Issu | led | Check the box to indicate an attachment | | | | | |
| This information is currently of reco | | | | | | | | | |
| Department of State. Changes require an additional filing. | | 10 | | Class A Common No Par | | No Par | | | |
| | | 390 | | · · | | No Par | | | |
| 11. This report must be executed of | | • | | | ation is in t | he 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 Date | | | | | | | | | |
| Rebecca S. Rafaelian - Caruolo | | | | | 1-31-3033 | | | | |
| Signature of Authorized Representative Www. S. Mulliman UMW | | | | | | | | | |
| - January Jaganiar Commercia | | | | | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov