



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED **STAMP**
FEB 28 2023
BY 30584

1. Entity ID Number 542645		2. Exact name of the Corporation PRIMA DONNA COSTUME JEWELRY & ACCESSORIES, INC.			
3. Principal Office Address 1680 Cranston Street		City Cranston		State RI	Zip 02920
4. NAICS Code 423940		6. Brief description of the character of business conducted in Rhode Island Costume jewelry and accessories.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephanie Rossi			Vice-President Name		
Street Address 1680 Cranston Street			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Stephanie Rossi			Treasurer Name Stephanie Rossi		
Street Address 1680 Cranston Street			Street Address 1680 Cranston Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100		common	
				PAR VALUE	
				no 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 Stephanie Rossi					Date 2/11/2023
Signature of Authorized Representative <i>Stephanie Rossi</i>					

MAIL TO:
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