

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

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|   |   |  |   |                 |  |
|---|---|--|---|-----------------|--|
| 1. Entity ID Number<br>000159978  |   | 2. Exact name of the Corporation<br>CHRISTIAN JEWELERS, INC.     |   |                 |  |
| 3. Principal Office Address<br>184 FRONT STREET   |   |  | City<br>LINCOLN                         | State<br>RI     | Zip<br>02865   |
| 4. NAICS Code<br>448310   | 6. Brief description of the character of business conducted in Rhode Island |  |   |                 |  |
| 5. State of Incorporation<br>RI   | JEWELRY   |  |   |                 |  |
| 7. List ALL officers (names and addresses)  |   |  |   |                 | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name<br>ELLE C. GHAZAL  |   |  | Vice-President Name<br>AFAF GHAZAL      |                 |  |
| Street Address<br>14 GREAT MEADOWS LANE   |   |  | Street Address<br>14 GREAT MEADOWS LANE |                 |  |
| City<br>LINCOLN   | State<br>RI   | Zip<br>02865   | City<br>LINCOLN                         | State<br>RI     | Zip<br>02865   |
| Secretary Name<br>AFAF GHAZAL   |   |  | Treasurer Name<br>AFAF GHAZAL           |                 |  |
| Street Address<br>14 GREAT MEADOWS LANE   |   |  | Street Address<br>14 GREAT MEADOWS LANE |                 |  |
| City<br>LINCOLN   | State<br>RI   | Zip<br>02865   | City<br>LINCOLN                         | State<br>RI     | Zip<br>02865   |
| 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  |   |                 |  |
| This information is currently of record in the Department of State.<br>Changes require an additional filing.  |   | Check the box to indicate an attachment <input type="checkbox"/> |   |                 |  |
|   |   | NUMBER OF SHARES   |   | CLASS/SERIES    |  |
|   |   | 100  |   | COMMON          |  |
|   |   |  |   | PAR VALUE<br>01 |  |
| 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<br>AFAF E. GHAZAL   |   |  |   |                 | Date<br>3-2-2023   |
| Signature of Authorized Representative<br>AFAF GHAZAL <u>Afaf E. Ghazal</u>   |   |  |   |                 |  |

## MAIL TO:

Division of Business Services

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