State of Rhode Island

**Department of State - Business Services Division** 

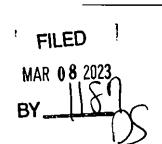
Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.



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Entity ID Number     2. Exact name of the Corporation									
000159978 CHRISTIAN JEWELERS, INC.									
3. Principal Office Address				City			State	Zıp	
184 FRONT STREET					LINCOLN		RI	02865	
4. NAICS Code		on of the	character of busi	ness conducted in Rhode Island				1 02002	
<u>4</u> 48310									
5. State of Incorporation									
RI	JEWELRY								
7. List ALL officers (names and addresses)  Check the box to indicate an attachment									
President Name				Vice-President Name					
ELLE C. GHAZAL				AFAF GHAZAL					
Street Address				Street Address					
14 GREAT MEADOWS LANE				14 GREAT MEADOWS LANE					
City	State Zip						1		
, ·				City LINCOLN				Zip	
LINCOLN	RI 02865		†· -				02865		
Secretary Name				Treasurer Name					
AFAF GHAZAL				AFAF GHAZAL					
Street Address				Street Address					
14 GREAT MEADOW:				14 GREAT MEADOWS L					
City	State	Zip		City		State		Zip	
LINCOLN	RI	0286	55	LINCOLN		RI ·		02865	
8. List ALL directors (names and addresses)  Check the box to indicate an attachment								te an attachment	
Director Name				Director Name					
Street Address				Street Address					
	·								
City	State	Zip		City		State	-	Zip	
<del></del>									
Director Name				Director Name					
0									
Street Address				Street Address					
				lo.					
City	State	Zip		City		State	·	Zip	
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9. Shares Authorized 10. Shares Issue				Check the box to indicate an attachment				te an attachment	
This information is currently of record in the Department of State.			NUMBER OF SHARES				PAR VALUE		
1 ·					COMMON		01		
Changes require an additional		<u></u>							
11. This report must be executed						is in the ha	ands 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		
AFAF E - C		3.2.2023							
Signature of Authorized Representative  AFAF GHAZAL DAY & A horul									
		7 0	<del></del>		<del>-</del>				

## MAIL TO:

Division of Business Services

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

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