



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.

MAR 14 2023

005394

1. Entity ID Number 000094462		2. Exact name of the Corporation RACHANA JEWELRY, INC			
3. Principal Office Address 620 RESERVOIR AVE		City CRANSTON		State RI	Zip 02910
4. NAICS Code 458310		6. Brief description of the character of business conducted in Rhode Island RETAIL SALES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANDREW KEANG			Vice-President Name ANDREW KEANG		
Street Address 620 RESERVOIR AVE			Street Address 620 RESERVOIR AVE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
Secretary Name ANDREW KEANG			Treasurer Name ANDREW KEANG		
Street Address 620 RESERVOIR AVE			Street Address 620 RESERVOIR AVE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ANDREW KEANG			Director Name		
Street Address 620 RESERVOIR AVE			Street Address		
City CRANSTON	State RI	Zip 02910	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
			1000		COMMON
					PAR VALUE
					NO PAR
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 ANDREW KEANG					Date 3/8/23
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 2/2023