

**State of Rhode Island
Office of the Secretary of State****Fee: \$20.00**Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2023**1. Corporate ID No.** 000038220**2. Name of Corporation** National Jewelry Museum**3. State of Incorporation**State: RI**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813990**4. Principal Office Address**No. and Street: 1 SPECTACLE STREETCity or Town: CRANSTONState: RIZip: 02910Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**MUSEUM**6. Names and Addresses of the Officers and Directors:**

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	BRYAN PICKELL	1 SPECTACLE STREET CRANSTON, RI 02910 USA
SECRETARY	KATHRYN STRUMOLO	1 SPECTACLE STREET CRANSTON, RI 02910 USA
VICE PRESIDENT	HALEY BUONAIUTO	1 SPECTACLE STREET CRANSTON, RI 02910 USA
DIRECTOR	SOFIA DICRISTOFARO	1 SPECTACLE STREET CRANSTON, RI 02910 USA
DIRECTOR	HALEY BUONAIUTO	1 SPECTACLE STREET CRANSTON, RI 02910 USA
DIRECTOR	PETER DICRISTOFARO	4 EDWARD STREET PROVIDENCE, RI 02904 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

PETER DICRISTOFARO 4 EDWARD STREET PROVIDENCE , RI 02904

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 27 Day of March, 2023 at 3:35:14 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By HALEY BUONAIUTO
Signature of Authorized Person

Form No. 631
Revised 09/07

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