



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

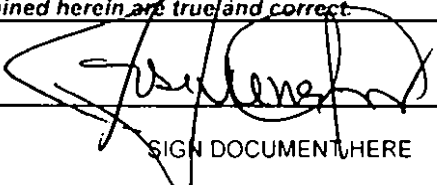
Annual Report for the year: **2023**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMPRECEIVED FOR
RI DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 000088720		2. Exact name of the Corporation DIAMOND JEWELRY CO.		2023 MAR 31 2 12:05	
3. Principal Office Address 188 Broad Street		City Cumberland	State RI	Zip 02864	
4. NAICS Code 423940	6. Brief description of the character of business conducted in Rhode Island Purchase and sale of items normally used in a jewelry store				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Jose Nunes Gomes			Vice-President Name Rose Marie Rego Gomes		
Street Address 96 Hamilton Street			Street Address 96 Hamilton Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Rose Marie Rego Gomes			Treasurer Name Jose Nunes Gomes		
Street Address 96 Hamilton Street			Street Address 96 Hamilton Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Jose Nunes Gomes			Director Name Rose Marie Rego Gomes		
Street Address 96 Hamilton Street			Street Address 96 Hamilton Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐			
		NUMBER OF SHARES 200	CLASS/SERIES 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 Jose Nunes Gomes				Date 2/16/23	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED**MAR 31 2023****BY ml 1606**

FORM 630 - Revised: 10/2017