RI SOS Filing Number: 202332192970 Date: 3/31/2023 4:00:00 PM

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.

STAMP

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JS SVCS

2023 MAR 31 P 12:05

1. Entity ID Number	2. Exact name of the Corporation			
000088720	DIAMOND JEWELRY CO.			
3. Principal Office Address		City	State	Zip
188 Broad Street		Cumberland	RI	02864
4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
423940	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

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	CLASS/SERIES	PAR VALUE
200	Common	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	Date
Jose Nunes Gomes	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