



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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

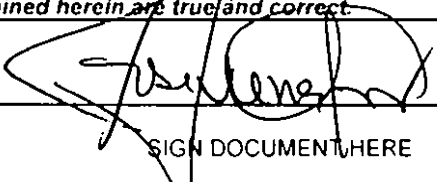
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

STAMP

RECEIVED FOR  
RI DEPT. OF STATE  
BUS SVCS DIV

1. Entity ID Number <b>000088720</b>		2. Exact name of the Corporation <b>DIAMOND JEWELRY CO.</b>		2023 MAR 31 2 12:05	
3. Principal Office Address <b>188 Broad Street</b>		City <b>Cumberland</b>		State <b>RI</b>	Zip <b>02864</b>
4. NAICS Code <b>423940</b>	6. Brief description of the character of business conducted in Rhode Island <b>Purchase and sale of items normally used in a jewelry store</b>				
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Jose Nunes Gomes</b>			Vice-President Name <b>Rose Marie Rego Gomes</b>		
Street Address <b>96 Hamilton Street</b>			Street Address <b>96 Hamilton Street</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
Secretary Name <b>Rose Marie Rego Gomes</b>			Treasurer Name <b>Jose Nunes Gomes</b>		
Street Address <b>96 Hamilton Street</b>			Street Address <b>96 Hamilton Street</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Jose Nunes Gomes</b>			Director Name <b>Rose Marie Rego Gomes</b>		
Street Address <b>96 Hamilton Street</b>			Street Address <b>96 Hamilton Street</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			<b>200</b>	<b>Common</b>	<b>No Par Value</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Jose Nunes Gomes</b>					Date <b>2/16/23</b>
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