

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

**FILED**

APR 03 2023

BY 12234

1. Entity ID Number 000065621		2. Exact name of the Corporation NORM'S JEWELRY INC			
3. Principal Office Address 1160 NORTH MAIN STREET			City PROVIDENCE	State RI	Zip 02904
4. NAICS Code 448310		6. Brief description of the character of business conducted in Rhode Island JEWELRY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name DAVID TRUDEAU			Vice-President Name DAVID TRUDEAU		
Street Address 35 METCALF DRIVE			Street Address 35 METCALF DRIVE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name DAVID TRUDEAU			Treasurer Name DAVID TRUDEAU		
Street Address 35 METCALF DRIVE			Street Address 35 METCALF DRIVE		
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 <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SLRILS	PAR VALUE
		500		CNP	0
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 <u>David Trudeau</u>					Date 3/29/23
Signature of Authorized Representative DAVID TRUDEAU					

**MAIL TO:**

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