

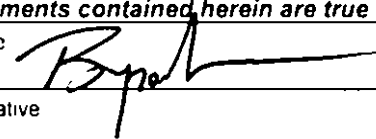
State of Rhode Island  
Department of State - Business Services DivisionAnnual Report for the year: 2024  
Corporation

- Filing period: February 1 - May 1  
 → Filing Fee \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

DEC 04 2023

BY 2371  
DSREC'D RIDOS BSD  
23 DEC 1 PM 1:20:47

1. Entity ID Number 000151646		2. Exact name of the Corporation B.U., INC.			
3. Principal Office Address <del>440 MINERAL SPRING AVE</del> 440 MINERAL SPRING AVE		City: NORTH PROVIDENCE		State RI	Zip 02904
4. NAICS Code 423940		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) <span style="float: right;">Check the box to indicate an attachment</span>					
President Name BYRON E URIZAR			Vice-President Name BYRON E URIZAR		
Street Address 6 SKYVIEW DRIVE			Street Address 6 SKYVIEW DRIVE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name BYRON E URIZAR			Treasurer Name BYRON E URIZAR		
Street Address 6 SKYVIEW DRIVE			Street Address 6 SKYVIEW DRIVE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
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 <span style="float: right;">Check the box to indicate an attachment</span>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			100		COMMON
					01
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 11-29-23
Signature of Authorized Representative BYRON E. URIZAR					

## MAIL TO:

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