

State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
Corporation

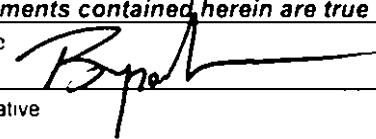
- Filing period: February 1 - May 1
- Filing Fee \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED**

DEC 04 2023  
BY 2371

DS

REC'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>490 MINERAL SPRING AVE</del> 6 SKYVIEW DRIVE		City: NORTH PROVIDENCE		State RI	Zip 02904	
4. NAICS Code 423940		6. Brief description of the character of business conducted in Rhode Island				
5. State of Incorporation RI		JEWELRY				
7. List ALL officers (names and addresses)					Check the box to indicate an attachment	
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)					Check the box to indicate an attachment	
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				Check the box to indicate an attachment
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
		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						
<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 					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