



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

FEB 14 2024

BY *[Signature]*

1. Entity ID Number 000016738		2. Exact name of the Corporation NIGRELLI'S JEWELRY & SONS, INCORPORATED			
3. Principal Office Address 27 High Street			City Westerly	State RI	Zip 02891
4. NAICS Code 448310		6. Brief description of the character of business conducted in Rhode Island Jewelry- retail			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William David Nigrelli			Vice-President Name William David Nigrelli		
Street Address 61 Punch Bowl Trail			Street Address 61 Punch Bowl Trail		
City West Kingstown	State RI	Zip 02892	City West Kingstown	State RI	Zip 02892
Secretary Name William David Nigrelli			Treasurer Name William David Nigrelli		
Street Address 61 Punch Bowl Trail			Street Address 61 Punch Bowl Trail		
City West Kingstown	State RI	Zip 02892	City West Kingstown	State RI	Zip 02892
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William David Nigrelli			Director Name Helen Ann Nigrelli		
Street Address 61 Punch Bowl Trail			Street Address 4 Emerald Street		
City West Kingstown	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Joseph Micheal Nigrelli, Sr.			Director Name		
Street Address 4 Emerald Street			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		1,200		Common	
				PAR VALUE	
				no par	
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 <i>William D. Nigrelli</i>					Date <i>2-6-2024</i>
Signature of Authorized Representative <i>William Nigrelli</i>					

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