State of Rhode Island
Department of State - Business Services Division

FILED STAMP
FEB 23 2024
BY 1523

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.

1. Entity ID Number	2. Exact name of the Corporation		
0001665434	Bellini Jewelers, Inc.		
3. Principal Office Address	City	State	Zip
1478 Atwood Avenue	Johnston	RI	02919
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
448310	Retail jewelry sales		
5. State of Incorporation			
Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Michael A. Lauro			Vice-President Name: Michael A. Lauro		
Street Address: 59 Maplehurst Avenue			Street Address: 59 Maplehurst Avenue		
City: Providence	State: RI	Zip: 02908	City: Hope	State: RI	Zip: 02908
Secretary Name: Michael A. Lauro			Treasurer Name: Michael A. Lauro		
Street Address: 59 Maplehurst Avenue			Street Address: 59 Maplehurst Avenue		
City: Providence	State: RI	Zip: 02908	City: Providence	State: RI	Zip: 02908

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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	1000	Common	no par
Changes require an additional filing.			

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
Michael A. Lauro	2/15/24

Signature of Authorized Representative: Michael A. Lauro

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

FORM 630- Revised 12/2023