State of Rhode Island
Department of State - Business Services Division

FILED
FEB 23 2024
BY 122485

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
00004204	Carecraft Jewelry Inc.

3. Principal Office Address	City	State	Zip
115 Pettaconsett Avenue	Cranston	RI	02920

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
339910	Jewelry manufacturing
5. State of Incorporation: RI	

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

President Name	Vice-President Name
Rebecca S. Rafaelian Carvalho	Carolyn A. Rafaelian
Street Address: 115 Pettaconsett Ave.	Street Address: 115 Pettaconsett Ave.
City: Cranston State: RI Zip: 02920	City: Cranston State: RI Zip: 02920
Secretary Name	**Treasurer Name**
Carolyn A Rafaelian	Rebecca S Rafaelian Carvalho
Street Address: 115 Pettaconsett Ave.	Street Address: 115 Pettaconsett Ave
City: Cranston State: RI Zip: 02920	City: Cranston State: RI Zip: 02920

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
	10	Class A Common	No Par
	390	Class B common	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	Date
Rebecca S. Rafaelian-Carvalho	Feb 24, 2024

Signature of Authorized Representative: Rebecca S. Rafaelian Carvalho

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 04/2023