



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

MAR 04 2024

BY 1404
DS

1. Entity ID Number 000019258		2. Exact name of the Corporation G. Austin Young Co., Inc.			
3. Principal Office Address 35 County Street			City Attleboro	State MA	Zip 02703
4. NAICS Code 339100		6. Brief description of the character of business conducted in Rhode Island Manufacturing, sale and distribution of jewelry			
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 Nancy Young			Vice-President Name N/A		
Street Address 35 County Street			Street Address		
City Attleboro	State MA	Zip 02703	City	State	Zip
Secretary Name Nancy Young			Treasurer Name Nancy Young		
Street Address 35 County Street			Street Address 35 County Street		
City Attleboro	State MA	Zip 02703	City Attleboro	State MA	Zip 02703
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			600		Common
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 Nancy Young					Date 2-16-24
Signature of Authorized Representative					

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

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