



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 07 2024

BY 128996

1. Entity ID Number 30975		2. Exact name of the Corporation EPHRAIM DOUMATO JEWELERS, INC.			
3. Principal Office Address 423 PUTNAM PIKE		City SMITHFIELD		State RI	Zip 02828
4. NAICS Code 423940		6. Brief description of the character of business conducted in Rhode Island SALE 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 EPHRAIM P. DOUMATO			Vice-President Name LOUISE B. DOUMATO		
Street Address 7 MERRILL LANE			Street Address 7 MERRILL LANE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name EPHRAIM P. DOUMATO			Treasurer Name LOUISE B. DOUMATO		
Street Address 7 MERRILL LANE			Street Address 7 MERRILL LANE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State RI	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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
			600		COMMON
			PAR VALUE		NONE
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 EPHRAIM DOUMATO					Date
Signature of Authorized Representative					