



State of Rhode Island
Department of State - Business Services Division

REC'D RIDGES BSD
24 APR 30 PM 2:31:55
A.I.P

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 <u>000150599</u>		2. Exact name of the Corporation <u>Zoila Jewelry Inc</u>			
3. Principal Office Address <u>62 Dike Street</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>
4. NAICS Code <u>339910</u>		6. Brief description of the character of business conducted in Rhode Island <u>Assembling Jewelry</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Zoila I. Munoz</u>			Vice-President Name		
Street Address <u>23 Yeoman Avenue</u>			Street Address		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	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	CLASS/SERIES	PAR VALUE	
		<u>100</u>	<u>CNP</u>	<u>50.0000</u>	
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 <u>Zoila I. Munoz</u>				Date <u>04/30/24</u>	
Signature of Authorized Representative 				APR 30 2024	

MAIL TO:
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Website: www.sos.ri.gov

BY VKBR