State of Rhode Island
Department of State - Business Services Division

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'24 MAY 1 P8:58:17

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 Numbe	2. Exact name of the Corporation
001746543	DeLuca Diamonds, Inc

3. Principal Office Address	City	State	Zip
1744 Mineral Spring Ave	No. Providence	RI	02904

3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island
236110	Jewelry Sales & Repairs
5. State of Incorporation	
RI	

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

President Name			Vice-President Name		
Luca DeLuca			Nicholas A Sanmartino		
Street Address			**Street Address**		
22 Rosewood Dr			8 Whitman Way		
City	**State**	**Zip**	**City**	**State**	**Zip**
No. Providence	RI	02904	Lincoln	RI	02865
Secretary Name			**Treasurer Name**		
Luca DeLuca			Nicholas A Sanmartino		
Street Address			**Street Address**		
22 Rosewood Dr			8 Whitman Way		
City	**State**	**Zip**	**City**	**State**	**Zip**
North Providence	RI	02904	Lincoln	RI	02865

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.	100	common	1
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
Luca DeLuca	4-29-24
Signature of Authorized Representative	

FILED
MAY 01 2024
BY V8H73

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