



State of Rhode Island
Department of State - Business Services Division

REC'D RI005 BSD
 APR 30 PM 3:25:57

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 000005901		2. Exact name of the Corporation JEWELRY CONCEPTS, INC.			
3. Principal Office Address 41 WESTERN INDUSTRIAL DRIVE			City CRANSTON	State RI	Zip 02921
4. NAICS Code 339910		6. Brief description of the character of business conducted in Rhode Island MANUFACTURE AND 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 EARL L. FEENEY			Vice-President Name BONNIE J. FEENEY		
Street Address 41 WESTERN INDUSTRIAL DRIVE			Street Address 41 WESTERN INDUSTRIAL DRIVE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
Secretary Name BONNIE J. FEENEY			Treasurer Name EARL L. FEENEY		
Street Address 41 WESTERN INDUSTRIAL DRIVE			Street Address 41 WESTERN INDUSTRIAL DRIVE		
City CRANSTON	State RI	Zip 02921	City CRANSTON	State RI	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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
			100	COMMON	NO PAR VALUE
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 EARL L. FEENEY, PRESIDENT					Date 3/28/24
Signature of Authorized Representative 					FILED

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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