



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.

1. Entity ID Number 00072092		2. Exact name of the Corporation National Federation of Jewelry MANUFACTURERS, INC			
3. Principal Office Address 1085 PARK Ave		City CRANSTON	State RI	Zip 02910	
4. NAICS Code 524298		6. Brief description of the character of business conducted in Rhode Island TO provide INFORMATION to Jewelry Manufacturers w/regard to WORK PLACE + Occupational Safety ISSUES + INSURANCE needs			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name ROGER L. Messier		Vice-President Name ROGER L. MESSIER			
Street Address 44 MARTINGALE DR		Street Address SAME			
City WARWICK	State RI	Zip 02880	City	State	Zip
Secretary Name ROGER L. Messier		Treasurer Name ROGER L. MESSIER			
Street Address		Street Address SAME			
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	
		8000	CWP	\$1.⁰⁰	
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 ROGER L MESSIER				Date 6-26-2024	
Signature of Authorized Representative Roger L Messier					

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

FILED
JUN 28 2024
BY 062913 **AA**