



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024 Amended  
Corporation

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD  
24 JUL 1 AM 11:52:00

1. Entity ID Number <b>001729681</b>			2. Exact name of the Corporation <b>SYMBOL OF LOVE INC</b>		
3. Principal Office Address <b>23 PROSPECT ST.</b>			City <b>CRANSTON</b>	State <b>R.I.</b>	Zip <b>02910</b>
4. NAICS Code <b>339910</b>		6. Brief description of the character of business conducted in Rhode Island <b>JEWELRY MFG.</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>JOHN K. KLANIAN</b>			Vice-President Name <b>DIANE L. TEEFT</b>		
Street Address <b>23 PROSPECT ST.</b>			Street Address <b>23 PROSPECT ST.</b>		
City <b>CRANSTON</b>	State <b>R.I.</b>	Zip <b>02910</b>	City <b>CRANSTON</b>	State <b>R.I.</b>	Zip <b>02910</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
			<b>100</b>		<b>0</b>
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. <b>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.</b>					
Name of Authorized Representative <b>JOHN K. KLANIAN</b>					Date <b>7-1-2024</b>
Signature of Authorized Representative <i>John K. Klanian</i>					<b>FILED 1152</b>

JUL - 1 2024

BY \_\_\_\_\_



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

July 01, 2024 11:52 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

