

REC'D RI SOS BSD
24 JUL 3 PM 1:59:02

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 <u>56792</u> | | 2. Exact name of the Corporation <u>A&N Jewelry Co. INC.</u> | |
| 3. Principal Office Address <u>22 First St.</u> | | City <u>E. Providence</u> | State <u>R.I.</u> |
| 4. NAICS Code <u>423940</u> | | 6. Brief description of the character of business conducted in Rhode Island <u>Jewelry sub-Contractor</u> | |
| 5. State of Incorporation <u>Rhode Island</u> | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name <u>Dianne Elmekawy</u> | | Vice-President Name <u>NONE</u> | |
| Street Address <u>20 Cindy Lane</u> | | Street Address | |
| City <u>Cranston</u> | State <u>R.I.</u> | Zip <u>02921</u> | |
| Secretary Name <u>Dianne Elmekawy</u> | | Treasurer Name <u>Mekawy E. Elmekawy</u> | |
| Street Address <u>20 Cindy Lane</u> | | Street Address <u>20 Cindy Lane</u> | |
| City <u>Cranston</u> | State <u>R.I.</u> | Zip <u>02921</u> | City <u>Cranston</u> |
| | State <u>R.I.</u> | Zip <u>02921</u> | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name <u>NONE</u> | | Director Name | |
| Street Address | | Street Address | |
| City | State | Zip | City |
| | | | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | Zip | City |
| | | | |
| 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. | | NUMBER OF SHARES | |
| Changes require an additional filing. | | CLASS/SERIES | |
| | | PAR VALUE | |
| | | <u>No par value</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>Mekawy E. Elmekawy</u> | | FILED <u>202</u> | Date <u>2/21/24</u> |
| Signature of Authorized Representative <u>M. Elmekawy</u> | | JUL 23 2024 BY <u>YEATEN</u> | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040