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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>
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3. Principal Office Address <u>22 First St.</u>	City <u>E. Providence</u>	State <u>R.I.</u>	Zip <u>02914</u>
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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 Elmekaw</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 Elmekaw</u>	Treasurer Name <u>Mekaw E. Elmekaw</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>	

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	
Director Name	Director Name		
Street Address	Street Address		
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 <u>10</u>	CLASS/SERIES <u>No par value</u>	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 <u>Mekaw E. Elmekaw</u>	FILED <u>202</u>	Date <u>2/21/24</u>
Signature of Authorized Representative <u>M. Elmekaw</u>	JUL 23 2024 BY <u>YEATEN</u>	