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BY 2008

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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	2. Exact name of the Corporation
001513922	B & B JEWELRY CO.

3. Principal Office Address	City	State	Zip
27 MILL STREET UNIT #4	JOHNSTON	RI	02919

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
448310	JEWELRY MANUFACTURING
5 State of Incorporation: RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
BOUAPHAN INTHILATH	BOUAPHAN INTHILATH
Street Address: 59 OAK HILL DRIVE	Street Address: 59 OAK HILL DRIVE
City: JOHNSTON, State: RI, Zip: 02919	City: JOHNSTON, State: RI, Zip: 02919
Secretary Name	**Treasurer Name**
BOUAPHAN INTHILATH	BOUAPHAN INTHILATH
Street Address: 59 OAK HILL DRIVE	Street Address: 59 OAK HILL DRIVE
City: JOHNSTON, State: RI, Zip: 02919	City: JOHNSTON, State: RI, Zip: 02919

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
BOUAPHAN INTHILATH	
Street Address: 59 OAK HILL DRIVE	Street Address:
City: JOHNSTON, State: RI, Zip: 02919	City: , State: , Zip:
Director Name	**Director Name**
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10 Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	CWP	$1.000

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	Date
BOUAPHAN INTHILATH	2-19-2025

Signature of Authorized Representative

Bouaphan Inthilath

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

FORM 630- Revised. 12/2023