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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Corporation

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entry ID Number <u>900592</u>		2. Exact name of the Corporation <u>Melior Jewelry Creations</u>	
3. Principal Office Address <u>71 Oakridge Rd</u>		City <u>West Greenwich</u>	State <u>RI</u>
4. NAICS Code <u>454390</u>		5. Brief description of the character of business conducted in Rhode Island <u>Jewelry</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Melissa Salvas</u>		Vice-President Name	
Street Address <u>11 Wildflower Dr.</u>		Street Address	
City <u>Coleman</u>	State <u>RI</u>	City	State
Zip <u>02816</u>		Zip	
Secretary Name <u>Lori Cantini Waterman</u>		Treasurer Name	
Street Address <u>71 Oakridge Rd</u>		Street Address	
City <u>West Greenwich</u>	State <u>RI</u>	City	State
Zip <u>02817</u>		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 ☐ CLASS/CLASS S <u>1,000</u> <u>0</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>Melissa Salvas</u>		Date <u>3/14/25</u>	
Signature of Authorized Representative <u>[Signature]</u>			

MAIL TO:
Division of Business Services
140 W. River Street, Providence, Rhode Island 02904-2515
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

FORM 630- Revised 12/2023

MAR 14 2025

BY S2yys

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