



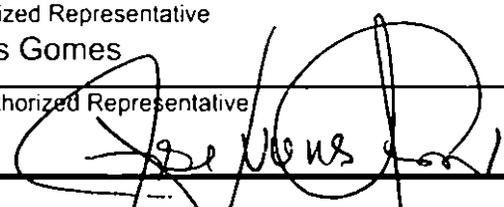
State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS 85  
25 MAR 14 PM 12:00  
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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 000088720		2. Exact name of the Corporation DIAMOND JEWELRY CO.			
3. Principal Office Address 188 Broad Street			City Cumberland	State RI	Zip 02864
4. NAICS Code 423940		6. Brief description of the character of business conducted in Rhode Island Purchase and sale of items normally transacted in a jewelry store			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Jose Nunes Gomes			Vice-President Name Rose Marie Rego Gomes		
Street Address 96 Hamilton Street			Street Address 96 Hamilton Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Rose Marie Rego Gomes			Treasurer Name Jose Nunes Gomes		
Street Address 96 Hamilton Street			Street Address 96 Hamilton Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Jose Nunes Gomes			Director Name Rose Marie Rego Gomes		
Street Address 96 Hamilton Street			Street Address 96 Hamilton Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name None			Director Name None		
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	
		200		Common	
				PAR VALUE	
				No 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.					
<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 Jose Nunes Gomes					Date 1/29/25
Signature of Authorized Representative 					<b>FILED</b>

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

MAR 14 2025  
BY 1764 AA.