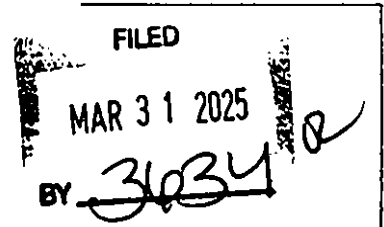




State of Rhode Island
Department of State - Business Services Division

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 <u>38888</u> | | 2. Exact name of the Corporation <u>JEWELS BY PATRICIA LTD.</u> | | | |
| 3. Principal Office Address <u>138 BOYLSTON DRIVE</u> | | | City <u>CRANSTON</u> | State <u>RI</u> | Zip <u>02921</u> |
| 4. NAICS Code <u>423940</u> | | 6. Brief description of the character of business conducted in Rhode Island <u>DESIGN, MANUFACTURE, PURCHASE AND SELL JEWELRY</u> | | | |
| 5. State of Incorporation <u>RHODE ISLAND</u> | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment | | | | | |
| President Name <u>PATRICIA A. CIPRIANO</u> | | | Vice-President Name <u>SAME</u> | | |
| Street Address <u>138 BOYLSTON DRIVE</u> | | | Street Address | | |
| City <u>CRANSTON</u> | State <u>RI</u> | Zip <u>02921</u> | City | State | Zip |
| Secretary Name <u>SAME</u> | | | Treasurer Name <u>SAME</u> | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment | | | | | |
| Director Name <u>PATRICIA A. CIPRIANO</u> | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | | 10. Shares Issued Check the box to indicate an attachment | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | NUMBER OF SHARES | | |
| | | | CLASS/SERIES | | |
| | | | PAR VALUE | | |
| | | | <u>200</u> | | |
| | | | <u>STOCK</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>PATRICIA A. CIPRIANO</u> | | | | | Date <u>03/28/2025</u> |
| Signature of Authorized Representative <u>Patricia A. Cipriano</u> | | | | | |

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov