



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 109910		2. Exact name of the Corporation Armbrust International, Ltd.			
3. Principal office address 735 Allens Avenue			City Providence	State RI	Zip 02905
4. Business Phone No. 401-781-3300			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To Buy, Sell, Manufacture, Distribute and deal in Jewelry, Chain, Accessories, Precious and Semi-Precious Stones, Gold, Silver and all other Metals and Components of Decorative Articles					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name James Roberts			Vice-President Name		
Street Address 735 Allens Avenue			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
Secretary Name Michael Elswit			Treasurer Name Erwin Pearl		
Street Address 389 Fifth Avenue			Street Address 389 Fifth Avenue		
City New York	State NY	Zip 10016	City New York	State NY	Zip 10016
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Erwin Pearl			Director Name		
Street Address 389 Fifth Avenue			Street Address		
City New York	State NY	Zip 10016	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par

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.

File Date _____

Check No _____

By: _____

FILED

APR 01 2013

BY 59083

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.

James Roberts
 Signature of Authorized Representative _____ Date _____

James Roberts - President
 Print or Type Name of Authorized Representative _____