



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 109910		2. Name of Corporation Ambrust International Ltd.			
3. Street Address Principal Business Office 735 ALLENS AVENUE			City PROVIDENCE	State RI	Zip 02905-
4. Business Phone No. 4017813300		5. State of Incorporation RHODE ISLAND		6. SIC Code 1073	
7. 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.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James Roberts			Vice President Name Joel S. Weinstein		
Street Address 735 Allens Avenue			Street Address 389 Fifth Avenue		
City Providence	State RI	Zip 02905	City New York	State NY	Zip 10016
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
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000	COMM NO PAR VALUE		100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 0 9 9 1 0

\*109910 DBC 03/15/05 02:25:49 PM\*

File Date **FILED**

Check No. **MAR 22 2005 028410**

By: James Roberts

FOR SECRETARY OF STATE USE ONLY

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 Officer Date

**James Roberts**  
Print or Type Name of Officer

**President**  
Title of Officer

**ATTACHMENT FOR  
ARMBRUST INTERNATIONAL LTD.  
Corp. ID No. 109910**

**Chairman of the Board      Erwin Pearl**



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections 1-11: Corporate ID No., Name of Corporation, Street Address, Business Phone No., State of Incorporation, Brief Description of Business, Officers (President, Vice President, Secretary, Treasurer), Directors, Shares Authorized, Shares Issued.

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Signature of Officer: Joel S. Weinstein
Date: 3/26/04
Print or Type Name of Officer: JOEL S. WEINSTEIN
Title of Officer: V.P.

File Date: 3-1-04
Check No.: 24936
By: [Signature]
FOR SECRETARY OF STATE USE ONLY



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **109910** 2. Name of Corporation **Armbrust International Ltd.**  
3. Street Address Principal Business Office  
**735 Allens Avenue**  
4. Business Phone No. **(401)781-3300** 5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island

City **Providence** State **RI** Zip **02905**  
6. SIC Code **0**

Manufacturers of costume jewelry, gold-filled and sterling silver chains

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **James Roberts**  
Street Address **735 Allens Avenue**  
City **Providence** State **RI** Zip **02905**

Vice President Name  
Street Address  
City State Zip  
Treasurer Name **Erwin Pearl**  
Street Address **389 Fifth Avenue**  
City **New York** State **NY** Zip **10016**

Secretary Name **Michael Elswit**  
Street Address **389 Fifth Avenue**  
City **New York** State **NY** Zip **10016**

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **Erwin Pearl**  
Street Address **389 Fifth Avenue**  
City **New York** State **NY** Zip **10016**

Director Name  
Street Address  
City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
4,000 COMM NO PAR VALUE		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
100	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 9 9 1 0 \*

File Date: 1-16-03  
Check No.: 20913  
By: UP

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 H. Roberts 1-13-03  
Signature of Officer Date  
**JAMES ROBERTS**  
Print or Type Name of Officer

**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**  
 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **109910** 2. Name of Corporation **Armbrust International Ltd.**  
 3. Street Address Principal Business Office **735 Allens Avenue** City **Providence** State **Rhode Island** Zip **02905**  
 4. Business Phone No. **(401) 781-3300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Manufacturers of costume jewelry, gold-filled and sterling silver chains**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>James Roberts</b> Street Address <b>735 Allens Avenue</b> City State Zip <b>Providence RI 02905</b>	Vice President Name  Street Address  City State Zip  
Secretary Name <b>Michael Elswit</b> Street Address <b>389 Fifth Avenue</b> City State Zip <b>New York NY 10016</b>	Treasurer Name <b>Erwin Pearl</b> Street Address <b>389 Fifth Avenue</b> City State Zip <b>New York NY 10016</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Erwin Pearl</b> Street Address <b>389 Fifth Avenue</b> City State Zip <b>New York NY 10016</b>	Director Name  Street Address  City State Zip  
Director Name  Street Address  City State Zip  	Director Name  Street Address  City State Zip  

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	4,000	COMM NO PAR VALUE	

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2/4/02  
 Check No.: 18168  
 By: GE

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.  
 Signature of Officer: Erwin Pearl Date: 1/25/02  
 Erwin Pearl  
 Print or Type Name of Officer  
 Chairman Of The Board  
 Title of Officer

**ATTACHMENT FOR  
ARMBRUST INTERNATIONAL LTD.  
Corp. ID No. 109910**

**Chairman of the Board      Erwin Pearl**



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 109910 2. Name of Corporation Armbrust International Ltd.  
3. Street Address Principal Business Office 735 Allens Avenue City Providence State Rhode Island Zip 02905  
4. Business Phone No. (401) 781-3300 5. State of Incorporation RIHODE ISLAND 6. SIC Code 1883

7. Brief Description of the Character of Business Conducted in Rhode Island  
Manufacturers of costume jewelry, gold-filled and sterling silver chains

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
<u>James Roberts</u>			<u>--</u>		
Street Address			Street Address		
<u>735 Allens Avenue</u>					
City	State	Zip	City	State	Zip
<u>Providence</u>	<u>RI</u>	<u>02905</u>			
Secretary Name			Treasurer Name		
<u>Michael Elswit</u>			<u>Erwin Pearl</u>		
Street Address			Street Address		
<u>389 Fifth Avenue</u>			<u>389 Fifth Avenue</u>		
City	State	Zip	City	State	Zip
<u>New York</u>	<u>NY</u>	<u>10016</u>	<u>New York</u>	<u>NY</u>	<u>10016</u>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
<u>Erwin Pearl</u>					
Street Address			Street Address		
<u>389 Fifth Avenue</u>					
City	State	Zip	City	State	Zip
<u>New York</u>	<u>NY</u>	<u>10016</u>			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
<u>4,000</u>	<u>Common</u>	<u>No Par Value</u>

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
<u>100</u>	<u>Common</u>	<u>No Par Value</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 3/1/2001  
Check No.: 27742  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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.  
Signature of Officer: [Signature] Date: 2/23/01  
Print or Type name of Officer: ERWIN PEARL  
Title of Officer: CHAIRMAN OF THE BOARD

**ATTACHMENT FOR  
ARMBRUST INTERNATIONAL LTD.  
Corp. ID No. 109910**

Chairman of the Board      Erwin Pearl





**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 109910  
 2. Name of Corporation Tsurbmra, Inc.  
 3. Street Address Principal Business Office 735 Allens Avenue  
 4. Business Phone No. (401) 781-3300  
 5. State of Incorporation Rhode Island  
 6. SIC Code 1073  
 7. Brief Description of the Character of Business Conducted in Rhode Island Buy, sell, manufacture, distribute and deal in jewelry, precious and semi-precious stones, gold, silver, and all other metals and components of decorative articles.

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) X

President Name James Roberts Street Address 735 Allens Avenue City Providence State RI Zip 02905	Vice President Name -- Street Address City State Zip
Secretary Name Michael Elswit Street Address 735 Allens Avenue City Providence State RI Zip 02905	Treasurer Name Erwin Pearl Street Address 389 Fifth Avenue City New York State NY Zip 10016

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) X

Director Name Erwin Pearl Street Address 389 Fifth Avenue City New York State NY Zip 10016	Director Name Street Address City State Zip
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10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
4,000	Common	No

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
None		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

*Thomas Baker* June 26, 2000  
 Signature of Officer Date

Thomas Baker  
 Print or Type Name of Officer

Chief Executive Officer  
 Title of Officer

File Date: \_\_\_\_\_

Check No.: \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

EXHIBIT A  
PROFIT CORPORATION ANNUAL REPORT - 2000  
TSURBMRA, INC.

Officers and Directors

Erwin Pearl, Chairman of the Board  
389 Fifth Avenue  
Newe York, NY 10016

Thomas Baker, Chief Executive Officer  
735 Allens Avenue  
Providence, RI 02905