



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 45600		2. Name of Corporation CLASSIC WATCH CO., INC.			
3. Street Address Principal Business Office 1080 ATWELLS AVE.		City PROVIDENCE	State R.I.	Zip 02909	
4. Business Phone No. (401) 273-2323		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island RETAIL SALES OF GENERAL MDSE.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MARIE GAROFALO		Vice President Name NONE			
Street Address 1080 ATWELLS AVE.		Street Address			
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Secretary Name NONE		Treasurer Name MARIE GAROFALO			
Street Address		Street Address 1080 ATWELLS AVE.			
City	State	Zip	City PROVIDENCE	State RI	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MARIE GAROFALO		Director Name NONE			
Street Address 1080 ATWELLS AVE.		Street Address			
City PROVIDENCE	State R.I.	Zip 02909	City	State	Zip
Director Name NONE		Director Name NONE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	COMMON	NO PAR VALUE	100	COMMON	NPV

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.

Signature Marie Garofalo Date             
Print or Type Name MARIE GAROFALO  
Title PRESIDENT

<b>FILED</b>	
File Date	<u>JAN 09 2008</u>
Check No.	<u>          </u>
By:	<u>By 4596</u>
FOR SECRETARY OF STATE USE ONLY	