



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. 84817		2. Name of Corporation ORIGINAL LIGHTING COMPANY USA LTD			
3. Street Address Principal Business Office 5 Division Street			City East Greenwich	State RI	Zip 02818
4. Business Phone No. 401-885-0177		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island purchase, sale and marketing and distribution of gift items					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name G. Ladd Cook			Vice President Name June S. Cook		
Street Address 5 Division Street			Street Address 5 Division Street		
City E. Greenwich	State RI	Zip 02818	City E. Greenwich	State RI	Zip 02818
Secretary Name June S. Cook			Treasurer Name G. Ladd Cook		
Street Address 5 Division Street			Street Address 5 Division Street		
City E. Greenwich	State RI	Zip 02818	City E. Greenwich	State RI	Zip 02818
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name G. Ladd Cook			Director Name		
Street Address 5 Division Street			Street Address		
City E. Greenwich	State RI	Zip 02818	City	State	Zip
Director Name			Director Name		
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
300	common	no par value	167	common	no par value
			THIS SECTION MUST BE COMPLETED		

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: **FILED**  
Check No: **JAN 24 2008**  
By: **4453**  
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: June S. Cook Date: 01/14/08  
Print or Type Name: June S. Cook  
Title: Vice President & Secretary