



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *70525*		2. Name of Corporation NOEL STEVENS CREATIONS, INC.		
3. Street Address Principal Business Office 700 Fruit Hill Avenue		City North Providence	State RI	Zip 02911
4. Business Phone No. (401) 353-4014		5. State of Incorporation RHODE ISLAND		6. SIC Code 1883
7. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURING, SELLING, BUYING AND OTHERWISE DEALING WITH JEWELRY AND RELATED ITEMS.				
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Angelo N. DeStefano		Vice President Name Angelo N. DeStefano		
Street Address 700 Fruit Hill Avenue		Street Address 700 Fruit Hill Avenue		
City No. Providence	State RI	Zip 02911	City No. Providence	State RI
Secretary Name Angelo N. DeStefano		Treasurer Name Angelo N. DeStefano		
Street Address 700 Fruit Hill Avenue		Street Address 700 Fruit Hill Avenue		
City No. Providence	State RI	Zip 02911	City No. Providence	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
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
1,000 NO PAR VALUE			200	Common
				No Par Val.

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



FILED

FEB 04 2008

By 1079

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
Angelo N. DeStefano
Date 1/25/08
Print or Type Name of Officer
President
Title of Officer

70525 DBC1/17/0312:09:11 PM

File Date

Check No.

By

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