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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.	2. Name of Corporation			
43378	W.R. Cobb Company			
3. Street Address Principal Business Office		City	State	Zip
850 WELLINGTON AVENUE		CRANSTON	RI	02910
4. Business Phone No.	5. State of Incorporation			
401-467-7400	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
MANUFACTURE & SALE OF JEWELRY PRODUCTS

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
RODERICK H. LICHTENELS	850 WELLINGTON AVENUE	CRANSTON	RI	02910

Vice President Name	Street Address	City	State	Zip
RODERICK H. LICHTENFELS	850 WELLINGTON AVENUE	CRANSTON	RI	02910

Secretary Name	Street Address	City	State	Zip
THEODORE H. LICHTENFELS	850 WELLINGTON AVENUE	CRANSTON	RI	02910

Treasurer Name	Street Address	City	State	Zip
RODERICK H. LICHTENFELS	850 WELLINGTON AVENUE	CRANSTON	RI	02910

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
RODERICK H. LICHTENFELS	850 WELLINGTON AVENUE	CRANSTON	RI	02910

Director Name	Street Address	City	State	Zip
JOSEPH F. WHINERY, JR.	56 EXCHANGE TERRACE	PROVIDENCE	RI	02903

Director Name	Street Address	City	State	Zip
THEODORE H. LICHTENFELS	850 WELLINGTON AVENUE	CRANSTON	RI	02910

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000	NO PAR VALUE	

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR VALUE

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.

[redacted] [redacted]

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.

2/13/08
Signature *Date*

Roderick H. Lichtenfels
Print or Type Name

[redacted] President
Title

File Date FILED
Check No. CK# 27656
FEB 14 2008
By: By 27656
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