



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

Corporations Division
148 W. River St.
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. 21545 | | 2. Name of Corporation Ronald Pratt Co., Inc. | | | |
| 3. Street Address Principal Business Office 10 Industrial Road | | | City Cumberland | State RI | Zip 02864 |
| 4. Business Phone No. (401) 333-6000 | | 5. State of Incorporation Rhode Island | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island Jewelry manufacturing | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Ronald A. Pratt | | | Vice President Name Janet L. Pratt | | |
| Street Address 223 Reservoir Road | | | Street Address 223 Reservoir Road | | |
| City Cumberland | State RI | Zip 02864 | City Cumberland | State RI | Zip 02864 |
| Secretary Name Janet L. Pratt | | | Treasurer Name Ronald A. Pratt | | |
| Street Address 223 Reservoir Road | | | Street Address 223 Reservoir Road | | |
| City Cumberland | State RI | Zip 02864 | City Cumberland | State RI | Zip 02864 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Ronald A. Pratt | | | Director Name Janet L. Pratt | | |
| Street Address 223 Reservoir Road | | | Street Address 223 Reservoir Road | | |
| City Cumberland | State RI | Zip 02864 | City Cumberland | State RI | Zip 02864 |
| 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 |
| 600 | Common No Par Value | | *400* | 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.

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.

Ronald A. Pratt 1/4/08
Signature Date

Print or Type Name President

Title

File Date **FILED**
Check No. **MAR 31 2008**
By: DS 5168
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