RI SOS Filing Number: 200812278040 Date: 07/03/2008 4:00 PM

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
155459	FASHION JEWELRY TRADE ASSOCIATION, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	To educate the public and government agencies about the costume jewelry industry.

5. Principal office address	City	State	Zip
1486 Stony Lane	North Kingstown	RI	02852

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Michael Gale, Manager	

Street Address	City	State	Zip
1486 Stony Lane	North Kingstown	RI	02852

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
Michael Gale	
Street Address	Street Address
1486 Stony Lane	
City / State / Zip	City / State / Zip
North Kingstown / RI / 02852	
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address
Richard B. Carpenter	
Address	City / Zip
20 Main Street, North Kingstown, RI 02852	

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SECRETARY OF STATE
CORPORATIONS DIV

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted] 155459 [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.

Michael Gale 6-24-08
Signature of Authorized Person *Date*

[redacted] Michael Gale, Manager
Print or Type Name of Authorized Person

File Date FILED
Check No. JUL 03 2008
By: By 1232
FOR SECRETARY OF STATE USE ONLY
24292-12-213337

Form 632 Rev. 07/07