State of Rhode Island and Providence Plantations
Office of the Secretary of State

COPY

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(a), 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
36324	K & L COMPANY INC.

3. Street Address Principal Business Office	City	State	Zip
250 ESTEN AVENUE	PAWTUCKET	RI	02860

4. Business Phone No.	5. State of Incorporation
4017253873	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
JEWELRY JOB SHOP, FUSION, ALL PHASES OF THE JEWELRY INDUSTRY

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

President Name	Vice President Name
KATHLEEN A. O'MARA	LEE R. INGERSON
Street Address	Street Address
22 FIRGLADE DRIVE	35 ROWE DRIVE
City / State / Zip	City / State / Zip
CRANSTON / RI / 02920	CRANSTON / RI / 02920
Secretary Name	Treasurer Name
KATHLEEN A. O'MARA	LEE R. INGERSON
Street Address	Street Address
SAME AS ABOVE	SAME AS ABOVE
City / State / Zip	City / State / Zip

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

Director Name	Director Name
KATHLEEN A. O'MARA	LEE R. INGERSON
Street Address	Street Address
SAME AS ABOVE	SAME AS ABOVE
City / State / Zip	City / State / Zip
Director Name	Director Name
NONE	NONE
Street Address	Street Address
City / State / Zip	City / State / Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1000	NO PAR VALUE	

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

ISSUED SHARES THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1000	COMMON	NO PAR

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]

FILED

File Date: AUG 21 2008

Check No. By DS 0283

[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.

Signature: Kathleen O'Mara Date: 8/19/08