



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. 10819		2. Name of Corporation TONA INC.									
3. Street Address Principal Business Office 16 Sunnyside Ave		City Johnston		State RI		Zip 02919					
4. Business Phone No. 401-345-4700		5. State of Incorporation Rhode Island									
6. Brief Description of the Character of Business Conducted in Rhode Island Jewelry mfg.											
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
President Name Anthony AnceLi			Vice President Name Same								
Street Address 182 Butler Ave			Street Address								
City Providence		State RI		Zip 02906		City 		State 		Zip 	
Secretary Name Same			Treasurer Name Same								
Street Address			Street Address								
City		State		Zip		City		State		Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
Director Name Anthony AnceLi			Director Name								
Street Address Same			Street Address								
City		State		Zip		City		State		Zip	
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 Comm		NO PAR VALUE				100		common			

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.

File Date	FILED
Check No.	JAN 02 2009
By:	By 077188 2:58
FOR SECRETARY OF STATE USE ONLY	

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: Anthony AnceLi 1-2-09
Date: 1-2-09
Print or Type Name: Anthony AnceLi
Title: PRES/OWNER