



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 2009

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. 41783		2. Name of Corporation ANDOT, INC.			
3. Street Address Principal Business Office 40 Main Street			City E. Greenwich	State RI	Zip 02818
4. Business Phone No. (401)884-2900		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island RETAIL JEWELRY STORE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dorothea Bonenfant			Vice President Name Ann B. Kennett		
Street Address 44 Sturbridge Drive			Street Address 55 Pine River Drive		
City Warwick	State RI	Zip 02886	City N. Kingstown	State RI	Zip 02852
Secretary Name Ann B. Kennett			Treasurer Name Dorothea Bonenfant		
Street Address 55 Pine River Dr.			Street Address 44 Sturbridge Drive		
City NK	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name same as above			Director Name same as above		
Street Address			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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. 1,000 NO PAR VALUE			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			NONE		

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.

FILED	
File Date	JAN 13 2009
Check No.	9898
By:	By
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
Ann B. Kennett
Print or Type Name
V. Pres./Sec.
Title
1/12/09
Date