



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.<br>88801                                                                                                                        |              | 2. Name of Corporation<br>PM COLORS, INC. |                                                                     |              |              |
| 3. Street Address Principal Business Office<br>10 Industrial Lane                                                                                   |              |                                           | City<br>Johnston                                                    | State<br>RI  | Zip<br>02919 |
| 4. Business Phone No.<br>401-521-7280                                                                                                               |              | 5. State of Incorporation<br>Rhode Island |                                                                     |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>TO ENGAGE IN THE BUSINESS OF ENAMELING AND COLOR SPRAYING OF JEWELRY |              |                                           |                                                                     |              |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                   |              |                                           |                                                                     |              |              |
| President Name<br>Paul Mercier                                                                                                                      |              |                                           | Vice President Name<br>Steven Abrams                                |              |              |
| Street Address<br>22 Jennifer Lane                                                                                                                  |              |                                           | Street Address<br>315 Olney Street                                  |              |              |
| City<br>N. Smithfield                                                                                                                               | State<br>RI  | Zip<br>02896                              | City<br>Providence                                                  | State<br>RI  | Zip<br>02906 |
| Secretary Name<br>Paul Mercier                                                                                                                      |              |                                           | Treasurer Name<br>Steven Abrams                                     |              |              |
| Street Address<br>Same as above                                                                                                                     |              |                                           | Street Address<br>Same as above                                     |              |              |
| 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<br>NONE                                                                                                                               |              |                                           | Director Name                                                       |              |              |
| 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 ("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    |
| 1,000 COMM NO PAR VALUE                                                                                                                             |              |                                           | 100                                                                 | 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.

**FILED**

File Date

JAN 26 2009

Check No.

By: 9900

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: Paul Mercier Date: 1-23-09

PAUL MERCIER

Print or Type Name

President

Title