

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.

| Corporate ID No. | | 2. Name of Corporation Mag Jewelry Co., Inc. | | | | |
|--|-------------------------|--|---|----------------------------|-------------------------------|--|
| 3. Street Address Principal Business Office 838 Dyer Avenue | | | Cranston | State RI | 7.ip 02920 | |
| . Business Phone No. (401) 942-1840 5. State of Incorporation Rhode Island | | | | | | |
| Brief Description of the Cha lewelry manufacturing | | cted in Rhode Island | | | | |
| | ESSES OF THE OFF | CERS: ("X" BOX FOR ATTA | | SPACES BEFORE USING | ATTACHMENTS | |
| President Name | | | Vice President Name Doniel I Magnanimi | | | |
| Daniel J. Magnanimi | | | Daniel J. Magnanimi Street Address 838 Dyer Avenue | | | |
| 838 Dyer Avenue | | | | | | |
| in Cranston | RI RI | 02920 | Cranston | State RI | ^{Ζψ} 02920 | |
| ecretary Name Daniel J. Magnanimi | | | Treasurer Name Daniel J. Magnanimi | | | |
| Street Address 838 Dyer Avenue | | | Street Address 838 Dyer Avenue | | | |
| ny Cranston | State RI | 7.ip 02920 | City Cranston | State RI | ^{Zip} 02920 | |
| . NAMES AND ADDRI director Name Daniel J. Magnanim | | ECTORS: ("X" BOX FOR ATT | ACHMENT) FILL I Director Name | N SPACES BEFORE USIN | G ATTACHMENTS | |
| reet Address 38 Dyer Avenue | | | Street Address | | | |
| io byer Avenue | State | Zip | City | State | Zip | |
| Cranston | RI | 02920 | | | | |
| irector Name | | | Director Name | | | |
| Street Address | | | Street Address | | | |
| ity | State | Zip | City | State | Zip | |
| . SHARES AUTHORIZ | EED | l | | | | |
| This information is our | rently of record in t | he Office of the Secretary of | Number of Shares | Class/Series | Par Value | |
| 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. | | | 150 | Common | No par value | |
| | | | | | | |
| 'his report must be exe | ecuted on behalf of the | he corporation by an authorize ne corporation by the receiver | ed representative. If the | corporation is in the hand | ls of a receiver or tru | |
| in report must be exe | cated on Delian Of th | is corporation by the receiver | W//WW/ | | | |

| | Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements. |
|---------------------------------|---|
| File Date 2-18-09 | contained herein are true and correct. |
| Check No29/26 | Date Date Date |
| By (MMC) | Print or Type Name |
| FOR SECRETARY OF STATE USE ONLY | President Tute |
| | Form 630 Rev. 08/08 |