

A. Ralph Mollis, Secretary of State $Corporations\ Division$ 148 W. River Street

Providence, RI 02904-2615 401.222.3040

2009

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 3009

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Filling Period: January 1 - March 1 • Filling 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. 7-1.2-150).

subject to a penalty fee of \$25.	7-1.2-1501(e), each corp. 00.	oration failing or refusing to file its and	iual report within thirty (30) c	lays after the time prescribed by i	aw (R.I.G.L. 7-1.2-1501(c&d)) is	
1. Corporate ID No. 19499		2. Name of Corporation Odyssey Jewelry, Inc.				
3. Street Address Principal Bu 1500 Alwood Avenu	siness Office I C		City Johnston	State R	^{Ζψ} 02919	
4. Business Phone No. 401-421-2230		5. State of Incorporation Rhode Island				
6. Brief Description of the Cha Wholesaler Costume	racter of Business Condu Jewelry	cted in Rhode Island				
7. NAMES AND ADDRI President Name Peter Dilorio	esses of the off	CERS: ("X" BOX FOR ATTA	CHMENT) FILL IN Vice President Name Robert Dilorio	SPACES BEFORE USING	G ATTACHMENTS	
Street Address 16 Byrd Street			Street Address 1500 Atwood Avenue			
City Johnston	State RI	^{Zip} 02919	City Johnston	State RI	^{Ζφ} 02919	
Secretary Name Robert Dilorio			Treasurer Name Peter Dilorio			
Street Address 1500 Atwood Avenue			Street Address 16 Byrd Street			
City Johnston	State RI	^{Ζφ} 02919	City: Johnston	State RI	^{Ζψ} 02919	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR AT) Director Name Peter Dilorio			(ACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Director Name			
Street Address 16 Byrd Street			Street Address 1500 Atwood Avenue			
Gity Johnston	State RI	<i>z</i> φ 02919	City	State	Zip	
Director Name	J.N.		Johnston Director Name	RI	[02919	
Street Address			Street Address			
City	State	Zψ	City	State	Ziţı	
9. SHARES AUTHORIZ	ED			O ("X" BOX FOR ATTAC ECTION <u>MUST</u> BE COMPLETED	<u>—</u>	
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.			Number of Shares	Class/Series	Par Value	
			1000		NO PAR	
This report must be exe this report must be exec	cuted on behalf of the	ne corporation by an authorize e corporation by the receiver	ed representative. If the or trustee.	corporation is in the hand	ds of a receiver or trustee.	
File Date Check No. By:	ED 19 2009		including any accontained herein Signature Peter Dilori Print or Type Name	companying schedules and start true and correct.	that I have examined this report tatements, and that all statements	
FOR SECRETARY	OF STATE USE ONLY		President Title			