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.	2. Name of Corporation			
15678	Swarovski U.S. Holding Limited			
3. Street Address Principal Business Office		City	State	Zip
One Kenney Drive		Cranston	RI	02920
4. Business Phone No.	5. State of Incorporation			
401-463-6400	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Holding Company

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Daniel Cohen			Heinz Molan		
Street Address			Street Address		
One Kenney Drive			One Kenney Drive		
City	State	Zip	City	State	Zip
Cranston	RI	02920	Cranston	RI	02920
Secretary Name			Treasurer Name		
Edward J. Capobianco			Douglas P. Brown		
Street Address			Street Address		
One Kenney Drive			One Kenney Drive		
City	State	Zip	City	State	Zip
Cranston	RI	02920	Cranston	RI	02920

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
None-RI Close Corporation					
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)*** ☐ **10. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
5,000 $10,000 Par Value, 4,000 No Par Value			2400.50	Preferred	10,000 Par
			1340	Preferred/Comm	No Par

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.

[redacted]

FILED

File Date FEB 20 2009

Check No. By 109799

By: _____

FOR SECRETARY OF STATE USE ONLY

[redacted]

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 *Date*

Edward J. Capobianco
Print or Type Name

[redacted] Corporate Secretary
Title

Form 630 Rev. 12/06