

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.6d)) is subject to a parally for a file of the subject to a parally for a file of the subject to a parally for a file of the subject to a parally for a file of the subject to a parally for a file of the subject to a parally for a file of the subject to a parally for a file of the subject to a parally for a file of the subject to a parally for a file of the subject to a parally for a file of the subject to a parally for a file of the subject to a parally for a file of the subject to a parally for a file of the subject to a parally for a file of the subject to a parally for a file of the subject to a parally for a file of the subject to a parally for a file of the subject to a parally for a file of the subject to a parally for a file of the subject to a parally file of the su

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8 Industrial Lane			Johnston	RI	02919
4. Business Phone No. 5. State of Incorpor Rhode Island					
Jewelry sales and a	Character of Business Conducted any other lawful busines	s.			
7. NAMES AND ADD President Name	RESSES OF THE OFFIC	ERS: ("X" BOX FOR	ATTACHMENT) FILL IN Vice President Name	SPACES BEFORE USING	G ATTACHMENTS
Gerald Kent, Jr.			Gerald Kent, Jr.		
Street Address Same as above			Street Address		
City:	State	Zip	same as above	State	Ζip
Secretary Name			Treasurer Name		
Gerald Kent, Jr. Street Address			Gerald Kent, Jr.		
same as above			same as above		
City	State	Zip	City	State	Zψ
8. NAMES AND ADD	l RESSES OF THE DIREC	l TORS: <i>("X" BOX FO</i>	R ATTACHMENT) ☐ FILL I	i n spaces before usi	I NG ATTACHMENTS
Director Name		and the second of the second o	Director Name		
None Street Address			Street Address		
re SC - A Marco Cold			On CO Address		
City	State	Zip	City	State	Ζψ
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Street Address			Street Address		
Gity	State	Zψ	City	State	Zip
9. SHARES AUTHOR	 IZED <i>("X" BOX FOR A</i>	TTACHMENT)	: 10. SHARES ISSUEI) ("X" BOX FOR ATTAG	CHMENT)
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 Common No Par Value			None		. marakaka a SE SESTELE
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			Under penalty of	perjury, I declare and affirm	that I have examined this
	المرابعة المستوالة			companying schedules and s are true and correct	statements, and that all state
File Date Lelle			contained liftfill	TO KIND	1-260
1 300	267/		Signature	(NYW)	Date (AD)
Check No.	28,20		.,	d Kent, Jr.	
B_{y} $MM(I)$			Print or Type Nam		
FOR SECRETARY OF STATE USE ONLY			Presi	dent	
PAR-ARMANIAL		44 - 120 T. A. M.	11001	~~	