

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

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 000065039 BARTÓNÉ JEWELRY INC 3. Street Address Principal Business Office Gity WAKEFIELD 20 E MAIN ST RI 02879 4. Business Phone No 5. State of Incorporation 401 783-7492 6. Brief Description of the Character of Business Conducted in Rhode Island FINÉ JEWELRY SALES AND REPAIR 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)  $\Box$  FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name M. C. G. BARBER Street Address Street Address 20 E MAIN ST Ζip WAKEFIELD RI 02879 Secretary Name Street Address Street Address City State City State 8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX POR ATTACHMENT)* 🦳 FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City City Street Address Street Address City State State Zip 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 9. SHARES AUTHORIZED 6:000 ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares 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 1100 1.00 111 instruction sheet. THE DECTO 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. 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 age trate and correct. 12-31-08 Date File Date Signature Check No. Print or Type Name M.C.G. BARBER FOR SECRETARY OF STATE USE ONLY Title