

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 148 W. River St.

Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ___ 2009

Filing Fee: \$50.00* Filing Period: January 1 - March 1 * 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. 2. Name of Corporation
ANA EPOXY CO., INC. 1. Corporate ID No. 120407 3. Street Address Principal Business Office City
Johnston RI 678 Killingly Street 02919 4. Business Phone No. 5. State of Incorporation RHODE ISLAND 272-5677 6. Brief Description of the Character of Business Conducted in Rhode Island JEWELRY EPOXY CONTRACTING, OTHER JEWELRY OPERATIONS 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name Anna Opydo Anna Opydo Street Address Street Address 21 Ann Drive 21 Ann Drive City 02919 RI 02919 **Johnston** RI Johnston Secretary Name Treasurer Nan Anna Opydo Anna Opydo Street Address Street Address 21 Ann Drive 21 Ann Drive City State City 02919 RΙ RI 02919 Johnston Johnston 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Anna Opydo Street Address Street Address 21 Ann Drive Zip State State Zip City 02919 Johnston Director Name Director Name Street Address Street Address City City State ZipState Zip10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 Common No par value No par value 1,000 Common 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 are true and correct, File Date Signature Check No.

Anna Opydo Print or Type Name President

Title