

A. Ralph Mollis, Secretary of State Corporations Durisien:

148 W. River Street

Providence, RI 02904-2015 101.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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 fulling 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) ecids is

subject to a penalty fee of \$25.0	0.			· · · · · · · · · · · · · · · · · · ·		
i Corporate ID No <b>65621</b>		2 Name of Corporation NORM'S JEWELRY, INC.				
3 Street Address Principal Business Office 1160 NORTH MAIN STREET			PROVIDENCE	State RI	<sup>Zφ</sup> <b>02904</b>	
4. Business Phone No.         5 State of Incorporation           401-351-3398         RHODE ISLAND						
6 Brief Description of the Char JEWELRY STORE	acter of Business Condu	cted in Rhode Island				
7. NAMES AND ADDRES	SSES OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT) [ FILL IN S	PACES BEFORE USING	ATTACHMENTS	
President Name  DAVID TRUDEAU			Vice President Name			
Street Address 14 METCALF DRIVE			Street Address			
շտ CUMBERLAND	State: RI	гу- 02864	City	State	Zif	
Secretary Name:			Treasurer Name			
Street Address			Street Address			
Cith:	State	Zψ	Cin	State	Zip	
				nav.	2:10	
8. NAMES AND ADDRESS Director Name	SSES OF THE DIRE	ECTORS: ("X" BOX FOR AT	TACHMENT)	SPACES BEFORE USIN	G ATTACHMENTS	
Nired address						
THE SAMES			Street Address			
Cdr	Statte	Zip	City	State	Ziţı	
Director Name			Director Name			
Street Address			Street Address			
€iĮ)	State	Zψ·	City	State	Zψ	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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 Valia	
			500	COMMON	NO PAR	
				Arthur willers		
This report must be execu	uted on behalf of th	ne corporation by an authorize	d representative. If the ec	orporation is in the hands	s of a receiver or trustee.	
this report must be execu	ted on behalf of the	e corporation by the receiver	or trustee.			
			Under penalty of pe	erjury. I declare and affirm t	hat I have examined this report.	
			including any according to the contained herein are		tements, and that all statements	
File Date FILE	<b>=</b> U		/ du	all	3/1/09	
Check No. MAR 0 3	2009		Signature		Date	
Q2 \ 20.			Print or Type Name			
By:	127		Print or Type Name	ciu/		
FOR SECRETARY O	F STATE USE ONLY		Title			