



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. 21875		2. Name of Corporation PREMCO/DMS										
3. Street Address Principal Business Office 21 CARRINGTON STREET		City LINCOLN		State RI		Zip 02865						
4. Business Phone No. 401-728-5688		5. State of Incorporation RHODE ISLAND										
6. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURING--HIGH FASHION COSTUME JEWELRY												
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS												
President Name David Mulcahey			Vice President Name Shirley Mulcahey									
Street Address 544 Rocky Hill Road			Street Address 544 Rocky Hill Road									
City N. Scituate		State RI		City N. Scituate		State RI		Zip 02857				
Secretary Name Shirley Mulcahey			Treasurer Name Shirley Mulcahey									
Street Address 544 Rocky Hill Road			Street Address 544 Rocky Hill Road									
City N. Scituate		State RI		City N. Scituate		State RI		Zip 02857				
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS												
Director Name David Mulcahey			Director Name Shirley Mulcahey									
Street Address 544 Rocky Hill Road			Street Address 544 Rocky Hill Road									
City N. Scituate		State RI		City N. Scituate		State RI		Zip 02857				
Director Name None			Director Name None									
Street Address			Street Address									
City		State		City		State		Zip				
9. SHARES AUTHORIZED							10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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.							ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
							Number of Shares 100		Class/Series Common		Par Value 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.

File Date	3/13/09
Check No.	3329
By:	KM
FOR SECRETARY OF STATE USE ONLY	

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: David Mulcahey Date: 3-10-09  
DAVID MULCAHEY  
Print or Type Name  
PRESIDENT  
Title