

By:

FOR SECRETARY OF STATE USE ONLY

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. 39475	2. Name of Corporation COPACETIC RUDELY ELEGANT JEWELRY, INC.				
3. Street Address Principal Business C	-	ck st.	City PROVIDENCE	State RI	<i>Zψ</i> 02903
4. Business Phone No.	5. State of Incorporation RHODE ISLAND	ration			
6. Brief Description of the Character of TO SEL, REPAIR AND DE			ES		
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT)   FILL IN SPA	CES BEFORE USING A	TTACHMENTS
President Name			Vice President Name		
DONALD F. BEOHNER			SAME		
Street Address 57 THOMAS OLNEY COMMON			Street Address		
PROVIDENCE	State RI	<i>Zip</i> 02904	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES	OF THE DIRECTOR	□ S:	: TACHMENT) □ FILL IN SE	I PACES BEFORE USING	 ATTACHMENTS
Director Name		•	Director Name		
DONALD F. BEOHNER			SAME		
Street Address			Street Address		
57 THOMAS OLNEY COMMON					
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02904		Share	2.49
Director Name			Director Name		
			in the state of th		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
, , , , , , , , , , , , , , , , , , ,		THE THINK	rumaer of sames	Ciasy series	Par vante
1000	COMMON	NPV	1000	COMMON	NPV
This report must be executed this report must be executed or	on behalf of the corpon behalf of the corpo	poration by an authorize pration by the receiver	ed representative. If the corp or trustee.	oration is in the hands	of a receiver or trustee,
				·	
	<del></del>	1	including any accompa	anying schedules and state	it I have examined this report ments, and that all statement
301/009			contained herein are tr	R D	1-113-9
File Date			Signature	e october	Date
Check No. 49	87		<u> </u>	NEOLINIES	Date
	/		<u>DONALD F. BEOHNER</u>		

Print or Type Name

Title

**PRESIDENT**