



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(e)(d)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                            |                    |                                                                |                    |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------|--------------------|--------------------------|
| 1. Corporate ID No.<br><b>22814</b>                                                                                                                        |                    | 2. Name of Corporation<br><b>Jim Russell Enterprises, Inc.</b> |                    |                          |
| 3. Street Address Principal Business Office<br><b>180 Meshanticut Valley Parkway</b>                                                                       |                    | City<br><b>Cranston</b>                                        | State<br><b>RI</b> | Zip<br><b>02920</b>      |
| 4. Business Phone No.<br><b>942-6866</b>                                                                                                                   |                    | 5. State of Incorporation<br><b>Rhode Island</b>               |                    |                          |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br><b>jewelry sales</b>                                                        |                    |                                                                |                    |                          |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |                    |                                                                |                    |                          |
| President Name<br><b>Emilia M. DeCesare</b>                                                                                                                |                    | Vice President Name<br><b>Katherine A. Taylor</b>              |                    |                          |
| Street Address<br><b>180 Meshanticut Valley Parkway</b>                                                                                                    |                    | Street Address<br><b>same</b>                                  |                    |                          |
| City<br><b>Cranston</b>                                                                                                                                    | State<br><b>RI</b> | Zip<br><b>02920</b>                                            |                    |                          |
| Secretary Name<br><b>Katherine A. Taylor</b>                                                                                                               |                    | Treasurer Name<br><b>Debora Kwetkowski</b>                     |                    |                          |
| Street Address<br><b>same</b>                                                                                                                              |                    | Street Address<br><b>same</b>                                  |                    |                          |
| City<br><b>Cranston</b>                                                                                                                                    | State<br><b>RI</b> | Zip<br><b>02920</b>                                            |                    |                          |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |                    |                                                                |                    |                          |
| Director Name<br><b>Emilia M. DeCesare</b>                                                                                                                 |                    | Director Name                                                  |                    |                          |
| Street Address<br><b>same</b>                                                                                                                              |                    | Street Address                                                 |                    |                          |
| City<br><b>Cranston</b>                                                                                                                                    | State<br><b>RI</b> | Zip<br><b>02920</b>                                            |                    |                          |
| Director Name                                                                                                                                              |                    | Director Name                                                  |                    |                          |
| Street Address                                                                                                                                             |                    | Street Address                                                 |                    |                          |
| City<br><b>Cranston</b>                                                                                                                                    | State<br><b>RI</b> | Zip<br><b>02920</b>                                            |                    |                          |
| 9. SHARES AUTHORIZED                                                                                                                                       |                    |                                                                |                    |                          |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                                        |                    |                                                                |                    |                          |
| ISSUED SHARES — THIS SECTION MUST BE COMPLETED                                                                                                             |                    |                                                                |                    |                          |
| Number of Shares<br><b>600</b>                                                                                                                             |                    | Class/Series<br><b>common</b>                                  |                    | Par Value<br><b>none</b> |
| 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. |                    |                                                                |                    |                          |

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.

*Emilia M. DeCesare*  
Signature Date **7/30/09**

**Emelia M. DeCesare**  
Print or Type Name

**President**  
Title

Form 630 Rev. 08/08

**FILED**

**APR 10 2009**

By **4646**

X