



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. 58374		2. Name of Corporation M. L. ROBERTS, INC.	
3. Street Address Principal Business Office 8 Industrial Lane		City Johnston	State RI
4. Business Phone No. 401-421-0600		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island Importer - component RAW Parts for Costume Jewelry Trade			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Michael P. Molk		Vice President Name John Valvo	
Street Address 1 Ipswich Ave. Apt. 207		Street Address 93 Lookout Avenue	
City Great Neck	State New York	City Johnston	State Rhode Island
Zip 11021		Zip 02919	
Secretary Name John Valvo		Treasurer Name Michael P. Molk	
Street Address 93 Lookout Avenue		Street Address 1 Ipswich Ave. Apt. 207	
City Johnston	State RI	City Great Neck	State New York
Zip 02919		Zip 11021	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name none		Director Name none	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED 5,000 COMM NO PAR VALUE		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 50	Class/Series Common
		Par Value N/A	

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.

FILED	
File Date	MAY 01 2009
Check No.	By 3748
By:	
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: **John Valvo** Date: **4/29/09**
Print or Type Name: **John Valvo**
Title: **Vice-president**