



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
118 W. River Street
Providence, RI 02904-2615
(401) 222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66(d), such limited liability company failing or refusing to file its annual report within thirty (30) days after the time provided by law R.I.G.L. 7-16-66(b)(5)(i) is subject to a penalty fee of \$25.00.

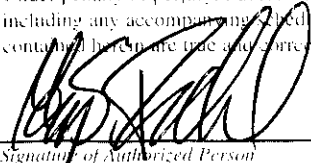
1. Filing No. 158496		2. Exact name of the limited liability company Sterling ECOMM LLC			
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island E-Commerce Sales shipped into Rhode Island (Sale of Jewelry)			
5. Principal office address 375 Ghent Road		City Akron		State OH	Zip 44333
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name George S. Frankovich			Contact Title Secretary & Vice President		
Street Address 375 Ghent Road		City Akron		State OH	Zip 44333
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

158496

File Date	10-19-09
Check No.	4751798
By:	MRC
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 of Authorized Person
Date: 10-15-09
George S. Frankovich
Print or Type Name of Authorized Person