



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 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

1. ID No. 155939		2. Exact name of the limited liability company COLORE ENTERPRISES, LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island MANUFACTURE AND SALES OF JEWELRY COLORING SYSTEMS	
5. Principal office address 188 NAMQUID DRIVE		City WARWICK	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name STEPHEN BOEZI		Zip 02888	Contact Title MANAGER
Street Address 188 NAMQUID DRIVE		City WARWICK	State RI
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) ☐ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name STEPHEN BOEZI		Zip 02888	Manager Name
Street Address SAME		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name GIOVANNI D. CICIONE, ESQ. PC		Address	
Address 282 COUNTY ROAD, SUITE 2		City BARRINGTON	Zip 02806

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

FILED

DEC 21 2009

By 106640
11:06

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 Stephen J. Boezi Date 12/19/09

STEPHEN BOEZI
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____

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