



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 2010

**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.<br>91637                                                                                                                               |               | 2. Name of Corporation<br>RELIABLE GOLD LTD. |                     |                     |              |
| 3. Street Address Principal Business Office<br>181 WAYLAND AVE.                                                                                            |               | City<br>PROVIDENCE,                          | State<br>R.I.       | Zip<br>02906        |              |
| 4. Business Phone No.<br>(401) 861-1414                                                                                                                    |               | 5. State of Incorporation<br>Rhode Island    |                     |                     |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>RETAIL JEWELRY and GIFT WARE                                                |               |                                              |                     |                     |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |               |                                              |                     |                     |              |
| President Name<br>RENA ABELES                                                                                                                              |               | Vice President Name<br>SARAH ABELES          |                     |                     |              |
| Street Address<br>555 LLOYD AVE.                                                                                                                           |               | Street Address<br>17 THOMPkins AVE           |                     |                     |              |
| City<br>PROVIDENCE,                                                                                                                                        | State<br>R.I. | Zip<br>02906                                 | City<br>OSSINING,   | State<br>New York   | Zip<br>10562 |
| Secretary Name<br>RENA ABELES                                                                                                                              |               | Treasurer Name<br>SALLY RCTENBERG            |                     |                     |              |
| Street Address<br>555 LLOYD AVE                                                                                                                            |               | Street Address<br>45 HAZARD AVE              |                     |                     |              |
| City<br>PROVIDENCE,                                                                                                                                        | State<br>R.I. | Zip<br>02906                                 | City<br>PROVIDENCE, | State<br>R.I.       | Zip<br>02906 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |               |                                              |                     |                     |              |
| Director Name                                                                                                                                              |               | Director Name                                |                     |                     |              |
| Street Address                                                                                                                                             |               | Street Address                               |                     |                     |              |
| City                                                                                                                                                       | State         | Zip                                          | City                | State               | Zip          |
| Director Name                                                                                                                                              |               | Director Name                                |                     |                     |              |
| Street Address                                                                                                                                             |               | Street Address                               |                     |                     |              |
| City                                                                                                                                                       | State         | Zip                                          | City                | State               | Zip          |
| 9. SHARES AUTHORIZED<br>100                                                                                                                                |               |                                              |                     |                     |              |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                                        |               |                                              |                     |                     |              |
| ISSUED SHARES — THIS SECTION MUST BE COMPLETED                                                                                                             |               |                                              |                     |                     |              |
| Number of Shares<br>100                                                                                                                                    |               | Class/Series<br>COMMON                       |                     | Par Value<br>\$1.00 |              |
| 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.

|                                 |             |
|---------------------------------|-------------|
| <b>FILED</b>                    |             |
| File Date                       | JAN 13 2010 |
| Check No.                       |             |
| By:                             | By 9902     |
| 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: RENA ABELES Date: 1-14-10  
Print or Type Name: RENA ABELES  
Title: PRESIDENT