



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>24159                                                                                                                   |              | 2. Name of Corporation<br>I. SHALOM & CO., INC. |                                                                     |                   |              |
| 3. Street Address Principal Business Office<br>411 Fifth Avenue                                                                                |              |                                                 | City<br>New York                                                    | State<br>New York | Zip<br>10016 |
| 4. Business Phone No.<br>(212) 532-7911                                                                                                        |              | 5. State of Incorporation<br>NEW YORK           |                                                                     |                   |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>THE MANUFACTURE AND WAREHOUSING OF MEN'S AND LADIES ACCESSORIES |              |                                                 |                                                                     |                   |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS              |              |                                                 |                                                                     |                   |              |
| President Name<br>Isaac Shalom                                                                                                                 |              |                                                 | Vice President Name                                                 |                   |              |
| Street Address<br>1 Gracie Terrace                                                                                                             |              |                                                 | Street Address                                                      |                   |              |
| City<br>New York                                                                                                                               | State<br>NY  | Zip<br>10028                                    | City                                                                | State             | Zip          |
| Secretary Name                                                                                                                                 |              |                                                 | Treasurer Name<br>Leslie Berrebi                                    |                   |              |
| Street Address                                                                                                                                 |              |                                                 | Street Address<br>220 W. 72                                         |                   |              |
| City                                                                                                                                           | State        | Zip                                             | City<br>New York                                                    | State<br>NY       | Zip<br>10021 |
| 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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                         |              |                                                 | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                   |              |
| AUTHORIZED SHARES                                                                                                                              |              |                                                 | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |                   |              |
| Number of Shares                                                                                                                               | Class/Series | Par Value                                       | Number of Shares                                                    | Class/Series      | Par Value    |
| 5,942                                                                                                                                          | \$100.00     | PAR VALUE                                       | 5,942                                                               | A                 | 594,200      |

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.

|                                 |          |
|---------------------------------|----------|
| File Date                       | 2-8-2010 |
| Check No.                       | 73881    |
| By:                             | mnc      |
| 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  
Isaac Shalom  
Print or Type Name  
President  
Title