

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.

I. Corporate ID No 88801	2. Name of Corpor PM COLOR							
3. Street Address Principal Business Office 10 Industrial Lane			Johnston	RI RI	^{Ζip} 02919			
Business Phone No. 5. State of Incorporation Rhode Island								
6. Brief Description of the Cha TO ENGAGE IN THE	BUSINESS OF ENA	MELING AND COLOR :	SPRAYING OF JEWELRY		CONT. CANALTY STEEC			
7. NAMES AND ADDRI	ESSES OF THE OFFIC	ERS: ("X" BOX FOR A	<i>TTACHMENT)</i> TILL IN S	PACES BEFORE USING A	HACHMENIS			
President Name			Vice President Name					
Paul Mercier			Steven Abrams					
Street Address 22 Jennifer Lane			Street Address 315 Olney Street					
City	State	Zip	City	State	02906			
N. Smithfield	RI	02896	Providence	RI	Torano			
Secretary Name Paul Mercier			Treasurer Name Steven Abrams					
Street Address		<u></u>	Street Address Same as above					
Same as above								
City	State	Zip	City	State	Zip			
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR Director Name NONE Street Address			Director Name Street Address					
City	State	Zip	City	State	Zip			
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
9. SHARES AUTHORI	SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
AUTHORIZED SHARES					Par Value			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par value			
1,000 COMM NO PAR VALUE			100	COMMON	NO PAR VALU			
This report must be ex	secuted on behalf of th	e corporation by an auther corporation by the rece	norized representative. If the	corporation is in the hands	s of a receiver or trustee			

File Date FILED	_
Check NoFEB_16_2010	
By:	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that including any accompanying schedules and statem	I have exam	iined t	this report,
contained herein are true and correct.	Q	11	10
Signature	Date		
PAUL MERCIER			
Print or Type Name			
President			
Title	Form 630 Rev. 12/06		