



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><u>42709</u>  |                    | 2. Name of Corporation<br><u>Jennic Creations, Inc.</u> |   |                    |                     |
| 3. Street Address Principal Business Office<br><u>767 Hartford Ave</u>   |                    |   | City<br><u>Johnston</u>   | State<br><u>RI</u> | Zip<br><u>02919</u> |
| 4. Business Phone No.<br><u>401-331-1385</u>   |                    | 5. State of Incorporation<br><u>RI</u>                  |   |                    |                     |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br><u>Manufacturer of Costume Jewelry</u>                                      |                    |   |   |                    |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |                    |   |   |                    |                     |
| President Name<br><u>Nicholas Ross</u>   |                    |   | Vice President Name<br><u>Same</u>                                  |                    |                     |
| Street Address<br><u>16 Wyckwood Pl. Johnston</u>  |                    |   | Street Address  |                    |                     |
| City<br><u>Johnston</u>  | State<br><u>RI</u> | Zip<br><u>02919</u>                                     | City  | State              | Zip                 |
| Secretary Name<br><u>Same</u>  |                    |   | Treasurer Name<br><u>Same</u>                                       |                    |                     |
| Street Address   |                    |   | Street Address  |                    |                     |
| City   | State              | Zip   | City  | State              | Zip                 |
| 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   |                    |   | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |                     |
| 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. |                    |   | ISSUED SHARES — THIS SECTION MUST BE COMPLETED <u>100</u>           |                    |                     |
|  |                    |   | Number of Shares  | Class/Series       | Par Value           |
|  |                    |   |   |                    |                     |

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 2-17-2010  
Check No. 15767  
By: [Signature]  
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] 2/14/10  
Signature Date  
Nicholas Ross  
Print or Type Name  
Presi  
Title