

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 mitch R I G. I. 7-1.2-1501(e), each corporation failine 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

"In accordance with R.I.G.L. /-1.2- subject to a penalty fee of \$25.00.	-1301(e), each corporation j	tiling of rejusing to file its ann	uai report within thirty (50) u	usys ugres use come presentacu by un	w [16.1.0.12. / - 1,2-1501(10 w)) w
1 Comovate ID No.	2. Name of Corporation RODELL MANUFACTURING COMPANY				
3. Street Address Principal Business Office 1400 Elmwood Avenue			City Cranston	State R1	^{Zip} 02910
** ************************************		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character JEWELRY INDUSTRY	•				
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA		SPACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
Vincent R. DelBuono			Marie DelBuono		
Street Address 38 Collins Terrace			Street Address 38 Collins Terrace		
Giy Jamestown	State RI	Zip 02835	<i>City</i> Jamestown	State RI	<i>河</i> 02835
Secretary Name James DelBuono			Treasurer Name Marie DelBuono		
Street Address 38 Collins Terrace			Street Address 38 Collins Terrace		
City Jamestown	State RI	^{Zip} 02835	City Jamestown	State RI	^{Zip} 02835
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) 🗍 FILL I	N SPACES BEFORE USIN	G ATTACHMENTS
Otrector Name None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Ζip	Сиу	State	Zip
9. SHARES AUTHORIZED	1	1		 <i>("X" BOX FOR ATTACI</i> ECTION <u>MUST</u> BE COMPLETED	
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.			Number of Shares	Class/Series	Par Value
			900	Common	No Par
This report must be executed				corporation is in the hand	s of a receiver or trustee,
this report must be executed.	on behalf of the corne	oration by the receiver of	or trustee		

FILED
File Date
Check No.
Ву:
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm the including any accompanying schedules and state	•
contained ferein are true and correct.	/ 2/5/10
Signature	Date
Vincent R. DelBuono	
Print or Type Name	
President	
Titla	