State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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	2. Name of Corporation			
122101	COLE CRAFT, INC.			

3. Street Address Principal Business Office	City	State	Zip
230 SUMMIT DRIVE	CRANSTON	RI	02920

4. Business Phone No.	5. State of Incorporation
944 7102	RI

6. Brief Description of the Character of Business Conducted in Rhode Island
SALE AND RETAIL OF GIFTS AND MERCHANDISE

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
THOMAS D'ERCOLE			THOMAS D'ERCOLE		
Street Address			Street Address		
230 SUMMIT DR			230 SUMMIT DR		
City	State	Zip	City	State	Zip
CRANSTON	RI	02920	CRANSTON	RI	02920
Secretary Name			Treasurer Name		
THOMAS D'ERCOLE			THOMAS D'ERCOLE		
Street Address			Street Address		
230 SUMMIT DR			230 SUMMIT DR		
City	State	Zip	City	State	Zip
CRANSTON	RI	02920	CRANSTON	RI	02920

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **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)* ☐
ISSUED SHARES — THIS SECTION MUST 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
	100	COMMON	NO PAR

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 **FILED**	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.
Check No.	Signature _____ Date 2/24/10
MAR 0 1 2010	Print or Type Name THOMS D'ERCOLE
By 12839 FOR SECRETARY OF STATE USE ONLY	Title PRES

Form 630 Rev. 08/08