

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(e&d)) is

subject to a penalty fee of \$25.00. 1. Corporate ID No. 2. Name of Corporation GNT, Inc. Distributors of Fine Watches 107921 3 Street Address Principal Business Office *Ct⊕* Cranston 54 Circuit Drive RI 02905 4. Business Phone No. 5. State of Incorporation Rhode Island 6. Brief Description of the Character of Business Conducted in Rhode Island to engage in the business of buying, selling, repairing & detailing in at wholesale & retail watches & clocks of all kinds 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name Roger Bartley Street Address Street Address 52 Circuit Drive City Zip02905 RI Cranston ecretary Name Roger Bartley Roger Bartley Street Address Street Address 52 Circuit Drive 52 Circuit Drive City State 02905 RΙ 02905 Cranston RI Cranston 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 City Zψ State Director Name Street Address Street Address City State State Zip 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 9. SHARES AUTHORIZED ISSUED SHARES --- THIS SECTION MUST BE COMPLETED Number of Shares Class/Series Par Value This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of No Par Value 200 Common instruction sheet. 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. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements JAN 31 2011 contained herein are true and correct File Date Signatu Check No. Dennis B. Tripodi Print or Type Name Accountant FOR SECRETARY OF STATE USE ONLY Title