

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 2011

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. 46830 ARTS DIAMOND CUTTING & ENGRAVING, INC. t Address Principal Business Office 185 Front Street Pawtucket RI 02860 4. Business Phone N 5. State of Incorporation 401-725-1404 Rhode Island 6. Brief Description of the Character of Business Conducted in Rhode Island Jewelry Manufacturer 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)  $\Box$  FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name David Lee Staab None Street Address Street Address 111 Gulf Road City State South Dartmouth Zip MA 02748 Secretary Name David Lee Staab David Lee Staab Street Address Street Address 111 Gulf Road 111 Gulf Road City South Dartmouth State MA 02748 South Dartmouth MA 02748 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name None Street Address Street Address City State ZipCity ZibDirector Name Director Name Street Address Street Address City State Z.ip City  $Z_{ij}$ 9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION  $\underline{\textbf{MUST}}$  BE COMPLETED

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.

Number of Shares

500

File Date	FILED
Check No	FEB Q 4 2011 ,
By:	8836
FOR	SECKETART OF STATE USE UNDI

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.

and the second		
Under penalty of perjury, I declare and	d affirm that I have examined this repo	ort,
including any accompanying schedule	es and statements, and that all statemen	nts
contained herein are true and correct.	1-11-1	1
Named 1	los 2/1/	//
Signature	Date	<u> </u>
David Lee Staab		
Print or Type Name		
President		
Title		_

Class/Series

Common

Par Value

No Par