

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 Filing Period: January 1 - March 1 • Filing Fee: \$50,00* • THIS REPORT MUST BE TYPED OR PROFIT OF THE PROFIT O 2011

* In accordance with R.I.G.L. 7-1.2- subject to a penalty fee of \$25.00.	1501(e), each corporatio	n failing or refusing to file its ann	RT MUST BE TYPED OF wal report within thirty (30) days	R PRINTED LEGIBLY II after the time prescribed by law	N BLACK INK. (R.I.G.L. 7-1.2-1501(c&d)) is
1. Corporate ID No. 163449	2. Name of Corporation PRESTIGE STERLING, LTD.				
3. Street Address Principal Business Office 24 PARIS STREET			PAWTUCKET	State RI	^{Zip} 02860
4. Business Phone No. 5. State of Incorporation 401-439-9111 RHODE ISLA		ND		**************************************	
6. Brief Description of the Character TO MANUFACTURE ST 7. NAMES AND ADDRESSES President Name	ERLING SILVER	R FLATWARE	CHMENT) FILL IN SE	PACES BEFORE USING A	ATTACHMENTS
ROBERT A. BIANCO			ROBERT R. BIANCO		
Street Address 24 PARIS STREET			Street Address 844 HALIFAX DRIVE		
PAWTUCKET	State RI	^{Zip} 02860	City WARWICK	State RI	^{Zip} 02886
Secretary Name PATRICIA A. BIANCO			Treasurer Name ROBERT R. BIANCO		
Street Address 844 HALIFAX DRIVE			Street Address 844 HALIFAX DRIVE		
WARWICK	State RI	<i>Zip</i> 02886	City WARWICK	State RI	^{Z/p} 02886
8. NAMES AND ADDRESSES Director Name NO DIRECTORS	OF THE DIRECTO	ORS: ("X" BOX FOR ATT	ACHMENT) T FILL IN S	SPACES BEFORE USING	ATTACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	· J	J	Director Name		
Street Address			Street Address		
City	State	Zíp	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
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 this report must be executed of	on behalf of the co	orporation by an authorize rporation by the receiver of	d representative. If the cor or trustee.	poration is in the hands	of a receiver or trustee,
	:D		Under penalty of per	jury, I declare and affirm the	at I have examined this repor

FILED	Under penalty of perjury, I declare and affirm that I have examined this re including any accompanying schedules and statements, and that all statem
File Date	contained herein are true and correct.
Check No. By	Sprature Date Date
Bv: 3934	Print or Type Name
FOR SECRETARY OF STATE USE ONLY	PRESIDENT
TOTAL OF CALL OF CALL	Title Form 630 Rev. 08/08