



and Providence Plantations  
Office of the Secretary of State

170 W. AVENUE  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

**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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>41783</b>		2. Name of Corporation <b>ANDOT, INC.</b>			
3. Street Address Principal Business Office <b>40 MAIN STREET</b>			City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>
4. Business Phone No. <b>401-884-2900</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>RETAIL JEWELRY</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>DOROTHEA BONENFANT</b>			Vice President Name <b>ANN B. KENNETT</b>		
Street Address <b>44 STURBRIDGE DRIVE</b>			Street Address <b>55 PINE RIVER DRIVE</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>N. KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>
Secretary Name <b>ANN B. KENNETT</b>			Treasurer Name <b>DOROTHEA BONENFANT</b>		
Street Address <b>55 PINE RIVER DRIVE</b>			Street Address <b>44 STURBRIDGE DRIVE</b>		
City <b>N. KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>SAME AS ABOVE</b>			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) <input type="checkbox"/>					
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 <b>1000 NO PAR VALUE</b>	Class/Series	Par Value <b>NONE</b>	

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.

**FILED**

File Date **JAN 27 2012**

Check No. **BY MNC**

By: **2196**

FOR SECRETARY OF STATE USE ONLY

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.

**Dorothea A. Bonenfant**  
Signature  
**1/26/12**  
**DOROTHEA A. BONENFANT**  
Print or Type Name  
**PRESIDENT**  
Title