

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 2012

Filling Period: January 1 - March 1 • Filling 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(cord)) is

subject to a penalty fee of \$25.00.	,		was report with the ty (50) ways after	ine time presertoed by this (R.1	,G.L. /-1.2-1 JOI (tOa)) B
1. Corporate ID No. 75990	2. Name of Corporation Lori Shulkin Designs, Inc.				
3. Street Address Principal Business Office 2 Williams Street			City Providence	State RI	<sup>Zip</sup> 02903
4. Business Phone No. 5. State of Incorpor 4013312222 RHODE ISLA					<u> </u>
6. Brief Description of the Character of TO DESIGN, MANUFACTUI INFS OF TRADE COMMON NAMES AND ADDRESSES  President Name  Lori A. Lowinger	RE, PURCHASE, SE	LL, DEAL IN JEWELF	RY, GEMS, GOLD, SILVER, T  CHMENT) TILL IN SPACE  Vice President Name  Lori A. Lowinger	O DO ALL THINGS TO	CARRY ON ALL
Street Address 39 East Bel Air Road			Street Address Same		
City Cranston	State RI	<i>2</i> ір 02920	City	State	Zip
Secretary Name Lori A. Lowinger			Treasurer Name Lori A. Lowinger		
Street Address Same			Street Address Same		
Сиу	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name N/A Street Address			Director Name N/A		
					2102
City	State	Zip	City	State	Zip C
Director Name N/A			N/A		
Street Address			Street Address		
. City	State	Zip	City	State	Zip : 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 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	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date JAN 3 1 2012	Signature contained herein are true and correct.    Son also   Son also   Signature   Sign
Check No. 14704	Print or Type Name
FOR SECRETARY OF STATE USE ONLY	President Tule