



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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**

**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.<br>7785  |             | 2. Name of Corporation<br>ALLISON REED GROUP, INC. |   |                        |                     |
| 3. Street Address Principal Business Office<br>655 Waterman Avenue   |             |  | City<br>East Providence   | State<br>RI            | Zip<br>02914        |
| 4. Business Phone No.<br>401-438-0550  |             | 5. State of Incorporation<br>RHODE ISLAND          |   |                        |                     |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Manufacture and sale of jewelry   |             |  |   |                        |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |  |   |                        |                     |
| President Name<br>Lawrence J. Cohen  |             |  | Vice President Name<br>Pauline E. Cohen                             |                        |                     |
| Street Address<br>112 Tupelo Hill Road   |             |  | Street Address<br>145 Cliff Drive                                   |                        |                     |
| City<br>Cranston   | State<br>RI | Zip<br>02920                                       | City<br>Narragansett  | State<br>RI            | Zip<br>02882        |
| Secretary Name<br>Holly Cohen  |             |  | Treasurer Name<br>Barry Cohen                                       |                        |                     |
| Street Address<br>400 Meshanticut Valley Drive   |             |  | Street Address<br>145 Cliff Drive                                   |                        |                     |
| City<br>Cranston   | State<br>RI | Zip<br>02920                                       | City<br>Narragansett  | State<br>RI            | Zip<br>02882        |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |  |   |                        |                     |
| Director Name<br>Lawrence J. Cohen   |             |  | Director Name<br>Pauline E. Cohen                                   |                        |                     |
| Street Address<br>112 Tupelo Hill Road   |             |  | Street Address<br>145 Cliff Drive                                   |                        |                     |
| City<br>Cranston   | State<br>RI | Zip<br>02920                                       | City<br>Narragansett  | State<br>RI            | Zip<br>02882        |
| Director Name<br>Barry Cohen   |             |  | Director Name   |                        |                     |
| Street Address<br>145 Cliff Drive  |             |  | Street Address  |                        |                     |
| City<br>Narragansett   | State<br>RI | Zip<br>02882                                       | City  | State                  | Zip                 |
| 9. SHARES AUTHORIZED<br>4,000 COMMON NO PAR  |             |  | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                        |                     |
| 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. |             |  | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |                        |                     |
|  |             |  | Number of Shares<br>1,000   | Class/Series<br>Common | Par Value<br>No Par |
|  |             |  | THIS SECTION 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.

**FILED**

File Date FEB 29 2012  
Check No. \_\_\_\_\_  
By: 15632  
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.

[Signature] 2-22-12  
Signature Date  
Lawrence J. Cohen  
Print or Type Name  
President  
Title