



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.
 Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000274691		2. Exact name of the Corporation Richline Group, Inc.			
3. Principal office address 1385 Broadway		City New York	State NY	Zip 10018	
4. Business Phone No. 954-718-3200		5. State of Incorporation Delaware			
6. Brief description of the character of business conducted in Rhode Island Jewelry Manufacturing & Distribution					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David Meleski			Vice-President Name		
Street Address 1385 Broadway			Street Address		
City New York	State NY	Zip 10018	City	State	Zip
Secretary Name Victoria J. Elliot			Treasurer Name Betty Sou		
Street Address 1385 Broadway			Street Address 1385 Broadway		
City New York	State NY	Zip 10018	City New York	State NY	Zip 10018
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Marc D. Hamburg			Director Name Dennis Ulrich		
Street Address 1385 Broadway			Street Address 1385 Broadway		
City New York	State NY	Zip 10018	City New York	State NY	Zip 10018
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"/>		
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	CWP	.01

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.

File Date _____

Check No _____

By: _____

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 of Authorized Representative _____ Date _____

David Meleski
 Print or Type Name of Authorized Representative

FILED

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 CORPORATIONS
 OFFICE OF SECRETARY OF STATE