



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 2013

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. 7785		2. Exact name of the Corporation ALLISON REED GROUP, INC.			
3. Principal office address 655 Waterman Avenue		City East Providence	State RI	Zip 02914	
4. Business Phone No. (401) 438-0550		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island Manufacture and sale of jewelry					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Lawrence J. Cohen			Vice-President Name Pauline E. Cohen		
Street Address 112 Tupelo Hill Road			Street Address 145 Cliff Drive		
City Cranston	State RI	Zip 02920	City Narragansett	State RI	Zip 02882
Secretary Name Holly Cohen			Treasurer Name Barry Cohen		
Street Address 400 Meshanticut Valley Drive			Street Address 145 Cliff Drive		
City Cranston	State RI	Zip 02920	City Narragansett	State RI	Zip 02882
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Lawrence J. Cohen			Director Name Pauline E. Cohen		
Street Address 112 Tupelo Hill Road			Street Address 145 Cliff Drive		
City Cranston	State RI	Zip 02920	City Narragansett	State RI	Zip 02882
Director Name Barry Cohen			Director Name		
Street Address 145 Cliff Drive			Street Address		
City Narragansett	State RI	Zip 02882	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
			1,000	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.

File Date 2-6-13

Check No 17620

By: [Signature]

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] 1-29-13
 Signature of Authorized Representative Date

Lawrence J. Cohen, President

Print or Type Name of Authorized Representative

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