

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, Rt 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 506522	1	name of the limited liability company ternational, LLC								
3. State of Formation RHODE ISLAND	•	4. Brief description of the character of the business which is actually conducted in Rhode Island Design, manufacturing and distribution of wholesale and retail sale of costume jewelry								
5. Principal office address 1600 Division Ro				Gity West Warwick	State Rhode Island	^{Zip} 02893				
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Title President of Sole Member										
Street Address 1600 Division Road				Gity West Warwick	State Rhode Island	Zip 02893				
: 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)										
Manager Name				Manager Name	Manager Name					
Street Address				Street Address	Street Address			(5.5) (1.1)		
City		State	Zip	City	State	$z\psi$				
Manager Name				Manager Name	Manager Name					
Street Address				Street Address	Street Address			300		
City		State	Zip	Сиу	State	- 1	යි. සි. වි.			
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11										

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

		506522	FILED 8 50m		firm that I have examined this report.
۱			QCT 0 1 2013	including any accompanying schedules a contained become are true and correct.	
	File Date		07142-	ADA	9/25/13
	Check No.		KM	Signature of Authorized Person	Dark
	Ву:			Felix Porcaro, President	
ı	FOR SI	ECRETARY OF STATE USE ONLY		Print or Type Name of Authorized Person	-