



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 2014**

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. <b>62816</b>		2. Exact name of the Corporation <b>SWAROVSKI OPTIK NORTH AMERICA LIMITED</b>			
3. Principal office address <b>TWO SLATER ROAD</b>		City <b>CRANSTON</b>		State <b>RI</b>	Zip <b>02920</b>
4. Business Phone No. <b>401-463-6400</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <b>MANUFACTURER AND DISTRIBUTOR OF OPTICAL EQUIPMENT</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name <b>SEE ATTACHED LIST</b>			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>NONE</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			300	COMMON	NPV

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

**FILED**

Check No

**DEC 27 2013**

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.

*Emily Foster*  
Signature of Authorized Representative

*2/20/13*  
Date

**Emily E. Foster, Assistant Secretary**

Print or Type Name of Authorized Representative

**Swarovski Optik North America Limited  
Officers & Directors**

<b><u>Officers:</u></b>	<b><u>Title:</u></b>	<b>(Appointed annually in April)</b>
Albert Wannenmacher 2 Slater Road Cranston, RI 02920 401-734-1800	President	
Neil Kerman 2 Slater Road Cranston, RI 02920 401-463-2531	Treasurer	
Thomas J. Hughes One Kenney Drive Cranston, RI 02920 401-463-2222	Vice President	
Edward J. Capobianco One Kenney Drive Cranston, RI 02920 401-463-2636	Corporate Secretary	
Emily E. Foster One Kenney Drive Cranston, RI 02920 401-463-2727	Assistant Corporate Secretary	

**Directors:**

NONE – Swarovski Optik North America Limited is a Rhode Island Close Corporation and as such is not required to appoint directors.

**FILED**

**DEC 27 2013**

**BY** 62816