

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 2014

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(ecc/d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 74785	2 Name of Corp. New Englar	oration nd Colors, Inc.			
3 Street Address Principal Business Office 10 Alcazar Street		Cin- Johnston	State RI	Ζψ 02919	
t. Business Phone No. 5. State of Incorporation 401-621-8870 Rhode Island			, , , , , , , , , , , , , , , , , , , ,	L	
6 Brief Description of the Characte The operation of a jewelry	r of Business Conduct manufacturing b	red in Rhode Island ousiness including jewelry a	nd emblem coloration		
7. NAMES AND ADDRESSE	S OF THE OFFIC	CERS: ("X" BOX FOR ATTA	ACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
President Name Linda Marcotte			Vice President Name Alicia Marcotte		
Street Address 10 Alcazar Street			Mrcet Address 10 Alcazar Street		
^{Cin} Johnston	State RI	^{Zip} 02919	City Johnston	State RI	Ζή· 02919
Scoretary Name Linda Marcotte		Treasurer Name Linda Marcotte			
Street Address 10 Alcazar Street			Street Address 10 Alcazar Street		
cin Johnston	State RI	^{Zip} 02919	Giy Johnston	State RI	^{Zφ} 02919
8. NAMES AND ADDRESSE:	S OF THE DIREC	CTORS: ("X" BOX FOR AT		IN SPACES BEFORE USIN	G ATTACHMENTS
Director Name Linda Marcotte			Pirector Name		
Street Address 10 Alcazar Street			Street Address		
City	State	Zip	City	State	Zip
Johnston Director Name	JRI	02919	Director Name		
Street Address			Street Address		
Cit_{Γ}	State	<i>Z</i> ųp	<i>CU</i> _l r	State	Zip
9. SHARES AUTHORIZED	1		•	O ("X" BOX FOR ATTACE ECTION MUST BE COMPLETED	
This information is currently of record in the Office of the Secretary of			Number of Shares	Class Series	Par Volue
State. Changes require an additional filing. See Section 9 of instruction sheet.			500	Common	No Par
This report must be executed his report must be executed	on behalf of the	corporation by an authorize corporation by the receiver	ad representative. If the our trustee.	corporation is in the hand	s of a receiver or trustee,
		FILED			
		FEB 1 4 2014	including any acc	perjury, I declare and affirm to companying schedules and sta	hat I have examined this reparements, and that all statements
File Date	_	N 00/0	contained herein a	are true and correct.	tte 1-24-1
			Signature		Date
Check No.			Linda Marco	otte	
Check No.		-	Linda Marco Print or Type Name		