



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River St., 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

* 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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 69878	2. Name of Corporation Vice Versa, Inc.		
3. Street Address Principal Business Office 195 Dupont Drive	City Providence	State RI	Zip 02907
4. Business Phone No. 4014619290	5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island BUYING, MANUFACTURING, AND SELLING OF JEWELRY AND ACCESSORIES.			

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Robert Adelstein	Vice President Name
Street Address 195 Dupont Drive	Street Address
City Providence	City
State RI	State
Zip 02907	Zip
Secretary Name Robert Adelstein	Treasurer Name Robert Adelstein
Street Address 195 Dupont Drive	Street Address 195 Dupont Drive
City Providence	City Providence
State RI	State RI
Zip 02907	Zip 02907

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Robert Adelstein	Director Name
Street Address 195 Dupont Drive	Street Address
City Providence	City
State RI	State
Zip 02907	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

9. SHARES AUTHORIZED			10. SHARES ISSUED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,500	\$1.00 PAR VALUE		100	common	\$1.00

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.



FILED

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File Date

BY 8623

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

Date

Robert Adelstein

Print or Type Name

President

Title

Form 630 12/05