



**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. <b>000127434</b>		2. Exact name of the Corporation <b>Armadani, Inc.</b>			
3. Principal office address <b>c/o 740 Samson Street, Suite 204</b>			City <b>Philadelphia</b>	State <b>PA</b>	Zip <b>19106</b>
4. Business Phone No.			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>wholesale jewelry</b>					
President Name <b>Kevin Brosh</b>			Vice-President Name		
Street Address <b>12120 Stateline Road</b>			Street Address		
City <b>Leawood</b>	State <b>Kansas</b>	Zip <b>66209</b>	City	State	Zip
Secretary Name <b>Kevin Brosh</b>			Treasurer Name <b>Kevin Brosh</b>		
Street Address <b>12120 Stateline Road</b>			Street Address <b>12120 Stateline Road</b>		
City <b>Leawood</b>	State <b>Kansas</b>	Zip <b>66209</b>	City <b>Leawood</b>	State <b>Kansas</b>	Zip <b>66209</b>
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT</b> <input type="checkbox"/>					
Director Name <b>Kevin Brosh</b>			Director Name <b>Arthur Jacoby</b>		
Street Address <b>12120 Stateline Road</b>			Street Address <b>740 Samson Street, Suite 204</b>		
City <b>Leawood</b>	State <b>Kansas</b>	Zip <b>66209</b>	City <b>Philadelphia</b>	State <b>PA</b>	Zip <b>19106</b>
Director Name <b>Marshall Asnen</b>			Director Name		
Street Address <b>740 Samson Street, Suite 204</b>			Street Address		
City <b>Philadelphia</b>	State <b>PA</b>	Zip <b>19106</b>	City	State	Zip
<b>8. SHARES AUTHORIZED</b>			<b>9. SHARES ISSUED (X) BOX FOR ATTACHMENT</b> <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
			8000	CNP	\$0.00

2014  
 SEC  
 DIVISION OF STATE  
 CORPORATIONS DIV

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: 12:00 pm  
**FILED**  
 Check No. \_\_\_\_\_  
 By: \_\_\_\_\_ **MAY 13 2014**  
 FOR SECRETARY OF STATE USE ONLY 224056  
 KM

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 of Authorized Representative: [Signature] Date: **5/12/2014**  
**Steven K. Eisenberg, Auth. Rep/Counsel**  
 Print or Type Name of Authorized Representative