



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 2009

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

STATE DIVISION OF CORPORATIONS
 MAY 13 11:55

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: 11:56 am
 Filed: **FILED**
 By: MAY 13 2014
 FOR SECRETARY OF STATE USE ONLY
 By: 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
 Print or Type Name of Authorized Representative: **Steven K. Eisenberg, Auth. Rep/Counsel**