



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. 6423		2. Exact name of the Corporation MAGIC NOVELTY CO INC						
3. Principal office address 30 CHAPPY STREET		City CRANSTON	State RI	Zip 02920				
4. Business Phone No. 212-304-2777		5. State of Incorporation RHODE ISLAND						
6. Brief description of the character of business conducted in Rhode Island SALES OFFICE FOR FINDINGS FOR COSTUME JEWELRY								
President Name STEPHEN NEUBURGER			Vice-President Name ALEX E NEUBURGER					
Street Address 308 DYCKMAN STREET			Street Address 308 DYCKMAN STREET					
City NEW YORK	State NY	Zip 10034	City NEW YORK	State NY	Zip 10034			
Secretary Name HOPE NEUBURGER			Treasurer Name WENDY TORRES					
Street Address 308 DYCKMAN STREET			Street Address 308 DYCKMAN STREET					
City NEW YORK	State NY	Zip 10034	City NEW YORK	State NY	Zip 10034			
Director Name None			Director Name None					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Director Name None			Director Name None					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
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
						8,000		
						NO PAR VALUE		

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.

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

Date

STEPHEN NEUBURGER

Print or Type Name of Authorized Representative