



**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 2015**

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>68293</b>		2. Exact name of the Corporation <b>Dalessio Group, Inc.</b>		
3. Principal office address <b>20 Industrial Lane</b>		City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
4. Business Phone No. <b>401-454-1880</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Custom jewelry manufacturing.</b>				

**7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)**

President Name <b>Karen D'Alessio</b>			Vice-President Name <b>Robert D'Alessio</b>		
Street Address <b>20 Industrial Lane</b>			Street Address <b>20 Industrial Lane</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
Secretary Name <b>Robert D'Alessio</b>			Treasurer Name <b>Karen D'Alessio</b>		
Street Address <b>20 Industrial Lane</b>			Street Address <b>20 Industrial Lane</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>

**8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)**

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

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
	100	Common	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.*

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**  
 FEB 25 2015  
 7202

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.

*Karen D'Alessio*  
 Signature of Authorized Representative  
**Karen D'Alessio, President**  
 Print or Type Name of Authorized Representative

2/15/15  
 Date