

## 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

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## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

1. Entity ID No.	1	e of the Corporation				
13297	Spectru	Spectrum Creations, Ltd.				
3. Principal office address 21 Dryden Lane			City Providence	State RI	Zip <b>02904</b>	
4. Business Phone No. (401) 351-4100			5. State of Incorporation  Rhode Island			
6. Brief description of the chara						
Develop, produce, ma	rket, and dist	ribute jeweiry and a	ccessories.			
7. LIST ALL OFFICERS (NAM	MES AND ADDRE	eses) ("X" BOX FOR AT				
President Name Rodney J. Dawson			Vice-President Name Joan M. Kent			
Street Address P.O. Box 726			Street Address 265 Chapmans Avenue			
City Saunderstown	State RI	Zip <b>02874</b>	City Warwick	State RI	Zip <b>02886</b>	
ecretary Name Joan M. Kent		Treasurer Name Rodney J. Dawson				
Street Address 265 Chapmans Avenue			Street Address P.O. Box 726			
City <b>Warwick</b>	State RI	Zip <b>02886</b>	City Saunderstown	State <b>RI</b>	Zip <b>02874</b>	
B. LIST ALL DIRECTORS (NA	MES AND ADDE	RESSES) ("X" BOX FOR				
Director Name Rodney J. Dawson			Director Name Joan M. Kent			
Street Address P.O. Box 726			Street Address 265 Chapmans Avenue			
City Saunderstown	State RI	Zip <b>02874</b>	City Warwick	State RI	Zip <b>02886</b>	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		10. SHARES ISSUE	("X" BOX FOR ATTACH	IMENT)	
A A A A A A A A A A A A A A A A A A A	***	3.1.1.2.3.4.4.2.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.			2,000	common	no par	
See Section 9 of instruction s	sh <del>ee</del> t.					
This report must be executed	on behalf of the c this report mus	orporation by an authorize t be executed on behalf of	d representative. If the the corporation by the i	corporation is in the hands receiver or trustee.	of a receiver or trustee,	
File Date		FILED	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.			
Check No		MAR 0 6 2015	Today	Wallerson 3/1/2015		
Maria mayer			Signature of Kulhofized Representative / /Date  Rodney J. Dawson President			
FOR SECRETARY OF STAT	E USE ONL'BY	FQ 2	Rooney J. Dav	wson President		

Revised: 01/2012