State of Rhode Island and Providence Plantations Office of the Secretary of State				
HOPE	Providence R	iver Stree	t	
Limited Liability Company Annual Report Filing Period: September 1 - November 1				
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR: 2015				
1. ID No. 000553381				
2. Exact Name of the Limited Liability Company <u>Reflections Jewelry, LLC</u>				
3. State of Formation				
State: <u>RI</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island <u>JEWELRY</u>				
5. Principal Office Address				
	ACCESS ROAD ARWICK S	tate: <u>RI</u>	Zip: <u>02886</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
	ACCESS ROAD	tate: <u>RI</u>	Zip: <u>02886</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name First, Middle, Last, Suffix			dress State, Zip Code, Country
			Address, Oity OF FOWII,	orate, Zip Coue, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
JAMES O. REAVIS, ESQ. 245 WATERMAN STREET, SUITE 109 PROVIDENCE , RI 02906				
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				

**Signed this 19 Day of October, 2015 at 9:07:40 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>STEVEN A. CIPOLLA</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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