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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 2016

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.	2. Exact name of the Corporation		
47437	FO INC		
3. Principal office address: 185 JEFFERSON BLVD	City: WARWICK	State: RI	Zip: 02888
4. Business Phone No.: 401-921-3125	5. State of Incorporation: RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island: MANUFACTURER OF COSTUME JEWELRY			

2016 FEB 9 RECEIVED SECRETARY OF STATE CORP DEPT

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

President Name	Street Address	City	State	Zip
THOMAS A PELLEGRINO JR.	185 JEFFERSON BLVD	WARWICK	RI	02888

Vice-President Name	Street Address	City	State	Zip
SANDRA PEARL	389 FIFTH AVE.	NEW YORK	NY	10016

Secretary Name	Street Address	City	State	Zip
HARLEY W. SKIP WAITE	735 ALLENS AVE.	PROVIDENCE	RI	02905

Treasurer Name	Street Address	City	State	Zip
ERWIN PEARL	389 FIFTH AVE.	NEW YORK	NY	10016

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

Director Name	Street Address	City	State	Zip
ERWIN PEARL	389 FIFTH AVE.	NEW YORK	NY	10016

Director Name	Street Address	City	State	Zip
SANDRA PEARL	389 FIFTH AVE.	NEW YORK	NY	10016

Director Name	Street Address	City	State	Zip
THOMAS A. PELLIGRINO	185 JEFFERSON BLVD.	WARWICK	RI	02888

Director Name	Street Address	City	State	Zip
HARLEY W. SKIP WAITE	735 ALLENS AVE.	PROVIDENCE	RI	02905

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	NONE

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: _____

FILED

FOR SECRETARY OF STATE USE ONLY FEB 09 2016 10:04

By 267158

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.

Thomas A Pellegrino Jr — 01/08/2016
Signature of Authorized Representative — Date

THOMAS A. PELLEGRINO JR.
Print or Type Name of Authorized Representative

Form No. 630
Revised 01/2010

132242/2097255