



**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. <b>73873</b>		2. Exact name of the Corporation <b>WINKLER GROUP, LTD.</b>								
3. Principal office address <b>54 Taylor Drive</b>			City <b>East Providence</b>	State <b>RI</b>	Zip <b>02916</b>					
4. Business Phone No. <b>401 272 2885</b>		5. State of Incorporation <b>RI</b>								
6. Brief description of the character of business conducted in Rhode Island <b>dealing in jewelry and accessories of every type</b>										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name <b>Traci Winkler Maceroni</b>			Vice-President Name <b>Heidi Winkler Loomis</b>							
Street Address <b>141 Freeman Parkway</b>			Street Address <b>16 Freeman Parkway</b>							
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>					
Secretary Name <b>Heidi Winkler Loomis</b>			Treasurer Name <b>Traci Winkler Maceroni</b>							
Street Address <b>16 Freeman Parkway</b>			Street Address <b>141 Freeman Parkway</b>							
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name <b>Heidi Winkler Loomis</b>			Director Name <b>Traci Winkler Maceroni</b>							
Street Address <b>16 Freeman Parkway</b>			Street Address <b>141 Freeman Parkway</b>							
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>					
Director Name			Director Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
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		
						700	common	\$1.00		

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
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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: \_\_\_\_\_

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

Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

**FILED**

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By 269253

*KW*