



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division,
100 North Main Street,
Providence, RI 02903-1335
(401) 222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 104501		2. Name of Corporation VIEIRA'S MOLD MAKING & CASTING INC.					
3. Street Address Principal Business Office 154 Greenwood Street				City Cranston	State RI	Zip 02910	
4. Business Phone No. 401-461-4479			5. State of Incorporation RHODE ISLAND			6. SIC Code 0	
7. Brief Description of the Character of Business Conducted in Rhode Island DESIGNING, MANUFACTURING, BUYING, SELLING AND DEALING IN, JEWELRY, COSTUME JEWELRY, DECORATIVE ACCESSORIES, OBJECTS OF ART AND ORNAMENTS OF EVERY KIND AND NATURE.							
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name Hermano P. Vieira				Vice President Name None			
Street Address 12 Koster Street				Street Address			
City Cranston	State RI	Zip 02910	City	State	Zip		
Secretary Name Patricia A. Vieira				Treasurer Name Hermano P. Vieira			
Street Address 12 Koster Street				Street Address 12 Koster Street			
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910		
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name Hermano P. Vieira				Director Name Patricia A. Vieira			
Street Address As above				Street Address As above			
City	State	Zip	City	State	Zip		
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES				ISSUED SHARES			
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value		
1,000	COMM NO PAR VALUE		1000	Common	No Par Value		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



104501

File Date 2/16/05
Check No. 5634
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

Hermano P. Vieira 2-11-05
Signature of Officer Date

Hermano P. Vieira
Print or Type Name of Officer

President
Title of Officer



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Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
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401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Hermano P. Vieira			Vice President Name None		
Street Address 12 Koster Street			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Secretary Name Patricia A. Vieira			Treasurer Name Hermano P. Vieira		
Street Address 12 Koster Street			Street Address 12 Koster Street		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Hermano P. Vieira			Director Name Patricia A. Vieira		
Street Address As above			Street Address As above		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
1,000 COMM NO PAR VALUE			1000	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 4 5 0 1 *

File Date 2.23.04
Check No. 5225
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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] 2-20-04
Signature of Officer Date

HERMANO P. VIEIRA
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **104501** 2. Name of Corporation **VIEIRA'S MOLD MAKING & CASTING INC.**
3. Street Address Principal Business Office **154 Greenwood Street** City **Cranston** State **RI** Zip **02910**
4. Business Phone No. **401-461-4479** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**
7. Brief Description of the Character of Business Conducted in Rhode Island

designing and manufacturing and selling all types of jewelry and accessories

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Hermano P. Vieira	Vice President Name None
Street Address 12 Koster Street	Street Address
City Cranston State RI Zip 02910	City State Zip
Secretary Name Patricia A. Vieira	Treasurer Name Hermano P. Vieira
Street Address 12 Koster Street	Street Address 12 Koster Street
City Cranston State RI Zip 02910	City Cranston State RI Zip 02910

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Hermano P. Vieira	Director Name Patricia A. Vieira
Street Address 12 Koster Street	Street Address 12 Koster Street
City Cranston State RI Zip 02910	City Cranston State RI Zip 02910
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 Common No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 4 5 0 1 *

File Date: 2/14/03

Check No.: 4803

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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] 2-4-03
Signature of Officer Date

Hermano P. Vieira
Print or Type Name of Officer
President



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **104501** 2. Name of Corporation **VIEIRA'S MOLD MAKING & CASTING INC.**
3. Street Address Principal Business Office **154 Greenwood Street** City **Cranston** State **RI** Zip **02910**
4. Business Phone No. **461-4479** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**
7. Brief Description of the Character of Business Conducted in Rhode Island
designing and manufacturing and selling all types of jewelry & accessories

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Hermano P. Vieira	Vice President Name None
Street Address 12 Koster Street	Street Address
City Cranston State RI Zip 02910	City State Zip
Secretary Name Patricia A. Vieira	Treasurer Name Hermano P. Vieira
Street Address 12 Koster Street	Street Address 12 Koster Street
City Cranston State RI Zip 02910	City Cranston State RI Zip 02910

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Hermano P. Vieira	Director Name Patricia A. Vieira
Street Address 12 Koster Street	Street Address 12 Koster Street
City Cranston State RI Zip 02910	City Cranston State RI Zip 02910
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

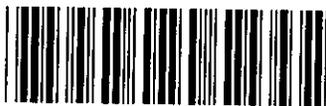
Number of Shares	Class/Series	Par Value
1,000	COMM NO PAR VALUE	

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1,000	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 4 5 0 1 *

File Date: 2-19-02
Check No.: 4379
By: [Signature]

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] 2-14-02
Signature of Officer Date
Hermano P. Vieira
Print or Type Name of Officer
President
Title of Officer

FOR SECRETARY OF STATE USE ONLY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **104501** 2. Name of Corporation **VIEIRA'S MOLD MAKING & CASTING INC.**
3. Street Address Principal Business Office **1186 Elmwood Avenue** City **Providence** State **RI** Zip **02907**
4. Business Phone No. **401-461-4479** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island
Designing and manufacturing and selling all types of jewelry and accessories

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Hermano P. Vieira	Vice President Name None
Street Address 12 Koster Street	Street Address
City State Zip Cranston RI 02910	City State Zip
Secretary Name Patricia A. Vieira	Treasurer Name Hermano P. Vieira
Street Address 12 Koster Street	Street Address 12 Koster Street
City State Zip Cranston RI 02910	City State Zip Cranston RI 02910

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Hermano P. Vieira	Director Name Patricia A. Vieira
Street Address 12 Koster Street	Street Address 12 Koster Street
City State Zip Cranston RI 02910	City State Zip Cranston RI 02910

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000 Common No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 4 5 0 1 *

File Date: 2/21
Check No.: 3964
By: [Signature]

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] Date 2-20-01
Signature of Officer Date

Hermano P. Vieira
Print or Type Name of Officer

President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **104501** 2. Name of Corporation **VIEIRA'S MOLD MAKING & CASTING INC.**
3. Street Address Principal Business Office **1186 Elmwood Avenue** City **Providence** State **RI** Zip **02907**
4. Business Phone No. **401-461-4479** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Designing and manufacturing and selling all types of jewelry and accessories

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Hermano P. Vieira	Vice President Name None
Street Address 12 Koster Street	Street Address
City Cranston State RI Zip 02910	City State Zip
Secretary Name Patricia A. Vieira	Treasurer Name Hermano P. Vieira
Street Address 12 Koster Street	Street Address 12 Koster Street
City Cranston State RI Zip 02910	City Cranston State RI Zip 02910

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Hermano P. Vieira	Director Name Patricia A. Vieira
Street Address 12 Koster Street	Street Address 12 Koster Street
City Cranston State RI Zip 02910	City Cranston State RI Zip 02910
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	COMM	NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1,000	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 4 5 0 1 *

File Date: 1/31/00
33601
Check No.: 2
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.

Hermano P. Vieira 1-20-00
Signature of Officer Date
Hermano P. Vieira
Print or Type Name of Officer
President
Title of Officer