State of Rhode Island and Providence Plantations Department of State - Business Services Division

Annual Report for the year:	2016
Limited Liability Company	

- → Filing period: September 1 November 1 → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

	,_								
. Entity ID Number 2. Exact name of the Limited Liability Company									
158496									
0.1110000.1									
3. NAICS Code									
44-45 - Retail Trade E-COMMERCE SALES SHIPPE			D INTO RHODE ISLA	IND (ONLINE SALE OF R	EIAIL JEWELRT)				
5. State of Formation									
DELAWARE									
6. Principal Office Address			City	State	Zip				
375 GHENT ROAD			AKRON	он	44333				
3/5 GHENT ROAD			ARROW						
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person									
Contact Name ANDREW STAWIO	KI		Contact Title TAX ACCOUNTANT						
Street Address 375 GHENT ROAL)		City AKRON	State OH	^{Zip} 44333				
8. List ALL managers (names ar	id addresses) of	the Limited Liabil	ity Company, IF APPLI	ICABLE - DO NOT LIST N	IEMBERS				
Manager Name			Manager Name						
Street Address	·· ·	.=	Street Address						
City	State	Zip	City	State	Zip				
Manager Name		<u> </u>	Manager Name						
Street Address	······································		Street Address						
City	State	Zip	City	State	Zip				
	Check the box to indicate an attachment								
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.									
Under penalty of perjury, I deci									
statements, and that all statem	ents contained	i herein are true	and correct.						
Name of Authorized Person			· · · · · · · · · · · · · · · · · · ·	Date	Date				
LAUREL KRUEGER	9/12/16								
Signature of Authorized Person SIGN DOCUMENT FERE									
Cap the first Control of Cap									

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED