



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

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 132902		2. Exact name of the limited liability company ELOQUENCE JEWELERS, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RETAIL JEWELRY STORE			
5. Principal office address 5849 POST ROAD		City E. GREENWICH		State RI.	Zip 02818
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DANIEL G. LANTZ			Contact Title OWNER/PRESIDENT		
Street Address 5849 POST ROAD		City E. GREENWICH		State RI.	Zip 02818
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name DANIEL G. LANTZ			Manager Name		
Street Address 273 CAROLINA NOOSENECK RD.			Street Address		
City RICHMOND	State RI.	Zip 02898	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name DANIEL LANTZ			Address		
Address 5849 POST ROAD			City EAST GREENWICH	Zip 02818-	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date	8/31/05	*132902*
Check No.	2058	
By:	DA	
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 of Authorized Person 8/29/05  
Date  
DANIEL G. LANTZ  
Print or Type Name of Authorized Person



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

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2004  
**Filing Period: September 1 - November 1** **Filing Fee: \$50.00**

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <u>58405</u>		2. Exact name of the limited liability company <u>ELOQUENCE JEWELERS L.L.C.</u>	
3. State of Formation <u>RI.</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>RETAIL JEWELRY STORE</u>	
5. Principal office address <u>5849 POST ROAD</u>		City <u>EAST GREENWICH</u>	State <u>RI.</u>
		Zip <u>02818</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>DANIEL LANTZ</u>		Contact Title <u>OWNER/PRESIDENT</u>	
Street Address <u>5849 POST ROAD</u>		City <u>EAST GREENWICH</u>	State <u>RI</u>
		Zip <u>02818</u>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name <u>DANIEL LANTZ</u>		Manager Name <u>DANIEL LANTZ</u>	
Street Address <u>5849 POST ROAD</u>		Street Address	
City <u>EAST GREENWICH</u>	State <u>RI</u>	City	Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name		Address	
Address		City	Zip

FILED

JUL 14 2005  
By WP 718000

05 JUL 14 AM 11:04

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_

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 of Authorized Person

Date

DANIEL LANTZ

Print or Type Name of Authorized Person