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| No. of the |

State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

Annual Report for the year: 2018

FILED STAMP JAN 2 2 2018

BY 14613

| Corporation                        |   |
|------------------------------------|---|
| → Filing period: January 1 - March | 1 |

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by April 1.

| 1. Entity ID Number  | 2. Exact nam                 | e of the Corporation  | n                  |  |                 |                           |  |  |
|--|------------------------------|-----------------------|--------------------|--|-----------------|---------------------------|--|--|
| 1418   |                              | nley & Compa          |                    |  |                 |                           |  |  |
| 3. Principal Office Address  |                              |                       | City               |  | State           | Zip                       |  |  |
| ONE WHITE SQUADRON ROAD  |                              |                       | EAST PROV          |  | RI              | 02915                     |  |  |
| 4. NAICS Code  | 6. Brief descr               | iption of the charac  | ter of business c  | conducted in Rhode I   | Island          |                           |  |  |
| 423940   | IMPORTER!                    | S OF IMITATION J      | EWELRY STON        | ES   |                 |                           |  |  |
| 5. State of Incorporation  | 1                            |                       |                    |  |                 |                           |  |  |
| RHODE ISLAND   | ]                            |                       |                    |  |                 |                           |  |  |
| 7. List ALL officers (names and add                                      | dresses)                     |                       |                    | Check  | the box to ir   | ndicate an attachment 🗵   |  |  |
| President Name MARCIA L. HOFFE   |                              |                       | i i                | PHILIP R. TR   |                 |                           |  |  |
| Street Address ONE WHITE SQUAD   |                              |                       | Street Address     | S ONE WHITE SQUA   |                 | /D                        |  |  |
| City EAST PROVIDENCE   | State RI                     | <sup>ZIP</sup> 02915  | City EAST PF       | ROVIDENCE  | State RI        | <sup>Zip</sup> 02915      |  |  |
| Secretary Name JOYCE MARCOTTI  | ecretary Name JOYCE MARCOTTE |                       |                    | THE MARCIA L. HOFF   | FER             |                           |  |  |
| Street Address ONE WHITE SQUADRON ROAD                                   |                              |                       | S ONE WHITE SQUA   | ADRON ROA  |                 |                           |  |  |
| City EAST PROVIDENCE   | State RI                     | <sup>Zip</sup> ,02915 |                    | ROVIDENCE  | State RI        |                           |  |  |
| 8. List ALL directors (names and ac                                      | ddresses)                    |                       |                    | Check  | the box to ir   | ndicate an attachment     |  |  |
| Director Name MARCIA L. HOFFER  Director Name PHILIP R. TRIFARI          |                              |                       |                    |  |                 |                           |  |  |
| Street Address ONE WHITE SQUADRON ROAD                                   |                              | Street Address        | S ONE WHITE SQUA   | ADRON ROA  | AD              |                           |  |  |
| City EAST PROVIDENCE   | State RI                     | <sup>Zip</sup> 02915  | City EAST PI       | ROVIDENCE  | State RI        | <sup>2ip</sup> 02915      |  |  |
| Director Name  | Director Name                |                       |                    | Version of the control of the contro |                 |                           |  |  |
| Street Address   |                              |                       | Street Address     | Street Address   |                 |                           |  |  |
| City   | State                        | Zip                   | City               |  | State           | Zip                       |  |  |
| 9. Shares Authorized   |                              | 10. Shares Iss        |                    |  |                 | ndicate an attachment 🔲   |  |  |
| This information is currently of recor<br>Department of State.           | d in the                     | NUMBER OF<br>13,580   | SHARES             | CLASS/SERIE  | <u>s</u>        | \$1.00                    |  |  |
| Changes require an additional filing.                                    | ,                            |                       |                    | <del> </del>   |                 | *****                     |  |  |
| 11. This report must be executed or trustee, this report must be execute |                              |                       |                    |  | oration is in t | he hands of a receiver or |  |  |
| Under penalty of perjury, I declar<br>statements, and that all statemen  | re and affirm ti             | that I have examine   | ed this report, in |  | npanying sc     | chedules and              |  |  |
| Name of Authorized Representative  |                              |                       |                    |  | Date            | 8/18                      |  |  |
| MARCIA L. HOFFER   |                              |                       |                    |  | + 1             | 6118                      |  |  |
| Signature of Authorized Representa                                       | ative                        | 7~ ) eicei eu         | CUMENT HERE        |  |                 |                           |  |  |
| 1/100% 63.00-  | N 14- 12                     | ge ' menerus.<br>I    | LOWEN COLLEGE      |  |                 |                           |  |  |

MAIL TO:

Division of Business Services

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

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

## EXHIBIT A TO 2018 RHODE ISLAND PROFIT CORPORATION ANNUAL REPORT OF

E. H. ASHLEY & COMPANY, INC. (Corp. ID# 1418)

7. Names and addresses of the officers: (cont.):

Chief Operating Officer

Marcia L. Hoffer

One White Squadron Road East Providence, RI 02915

Vice President

Katherine L. Goetz 60 Terrace Avenue Riverside, RI 02915