State of Rhode Island and Providence Plantations Fee: \$50. Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 000871679 2. Exact Name of the Limited Liability Company ALLOY HOLDINGS, LLC 3. State of Formation State: DE ARTICLE III
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c.)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 000871679 2. Exact Name of the Limited Liability Company ALLOY HOLDINGS, LLC 3. State of Formation State: DE
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3. State of Formation State: DE
State: <u>DE</u>
ARTICLE III
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
<u>339910</u>
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island
JEWELRY MANUFACTURER AND MILL PRODUCTS
5. Principal Office Address
No. and Street:160 NIANTIC AVENUECity or Town:PROVIDENCEState: RIZip: 02907Country: USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:
Contact Name: MARC BACON Contact Title: VP/CFO No. and Street: 160 NIANTIC AVENUE
City or Town: PROVIDENCE State: RI Zip: 02907 Country: USA
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS
Title Individual Name Address
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 12 Day of March, 2018 at 12:50:49 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MARC BACON

Signature of Authorized Person

Form No. 632 Revised 09/07

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