Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI (20204-2615 (401) 222-3040 Colspan="2">Colspan="2" Colspan="2"					
I48 W. River Street Providence RI 02904-2615 (401) 222-3040 Imited 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 Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 339910 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island IEWELRY MANUFACTURER AND MILL PRODUCTS 5. Principal Office Address No. and Street: 160 NIANTIC AVENUE (Ity or Town: Zip: 02907 Country: 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 No. and Street: 160 NIANTIC AVENUE No. and Street: 120; NIANTIC	148 W. River Street Providence R1 (02904-2615 (401) 222-3040 Limited Liability Company Annual Report Fing Period: September 1 - November 1 In accordance with R 16 L 7-16-66(d), each limited liability company failing or relusing to file its annual report within thirty (20) days after the time presented by law (R1 G.L 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 000371679 2. Exact Name of the Limited Liability Company ALLOY HOLDINGS, LLC 3. State of Formation State: DE ARTICLE II Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 339910 ARTICLE II Evectory ManuFacturer of the Business Which is Actually Conducted in Rhode Island IEWELRY MANUFACTURER AND MILL PRODUCTS 5. Principal Office Address No. and Street: 160 NIANTIC AVENUE (20 or Town: YP/CFQ Nam and Street: 160 NIANTIC AVENUE (20 Or Town: YP/CFQ Nam and Street: 160 NIANTIC AVENUE (20 Or Town: YP/CFQ Nam and Street: 160 NIANTIC AVENUE (20 Or Town: YP/CFQ Nam and Address of Each Manager of the Limited Liability Company, if Applicable. Do NOT LIST MEMBER'S Address, Cit	s s			IS Fee: \$50.00	
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DO NOT LIST MEMBERS Title Individual Name Address	DO NOT LIST MEMBERS Individual Name Address Title Individual Name Address First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	City or Town: PRC	VIDENCE State	: <u>RI</u> Zip: <u>02907</u>	Country: <u>USA</u>	
	First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country		-	oility Company, if Appl	icable.	
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country		Title	Individual Name			
	8 RESIDENT AGENT IN RHODE ISI AND - DO NOT AL TER		First, Middle, Last, Suffix	Address, City or Town, St	tate, Zip Code, Country	

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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