



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *94107*		2. Name of Corporation COBB I CO.			
3. Street Address Principal Business Office 850 WELLINGTON AVENUE			City CRANSTON	State RI	Zip 02910
4. Business Phone No. 4014677400		5. State of Incorporation RHODE ISLAND			6. SIC Code 1073
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE SALE AND DISTRIBUTION OF JEWELRY PRODUCTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Roderick H. Lichtenfels			Vice President Name Roderick H. Lichtenfels		
Street Address 850 Wellington Avenue			Street Address 850 Wellington Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Roderick H. Lichtenfels			Treasurer Name Roderick H. Lichtenfels		
Street Address 850 Wellington Avenue			Street Address 850 Wellington Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Roderick H. Lichtenfels			Director Name		
Street Address 850 Wellington Avenue			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
8,000 \$1.00 PAR VALUE					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series	Par Value		
1,000		Common	\$1.00		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 4 1 0 7 \*

\*\*94107\* 1/9/2005 11:43:36 AM\*

FILED

File Date FEB 23 2005 18048

Check No.

By: CB

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 Officer Roderick H. Lichtenfels Date 1/30/05

Print or Type Name of Officer Roderick H. Lichtenfels

Title of Officer President

Form 630 12/01



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *94107*		2. Name of Corporation COBB I CO.			
3. Street Address Principal Business Office 850 WELLINGTON AVENUE		City CRANSTON	State RI	Zip 02910	
4. Business Phone No. 4014677400		5. State of Incorporation RHODE ISLAND			6. SIC Code 1073
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE SALE AND DISTRIBUTION OF JEWELRY PRODUCTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Roderick H. Lichtenfels		Vice President Name Roderick H. Lichtenfels			
Street Address 850 Wellington Avenue		Street Address 850 Wellington Avenue			
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Roderick H. Lichtenfels		Treasurer Name Roderick H. Lichtenfels			
Street Address 850 Wellington Avenue		Street Address 850 Wellington Avenue			
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Roderick H. Lichtenfels		Director Name			
Street Address 850 Wellington Avenue		Street Address			
City Cranston	State RI	Zip 02910	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$1.00 PAR VALUE		1,000	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 4 1 0 7 \*

\*\*94107\* 1/9/03 11:43:36 AM\*

File Date 2/19/04

Check No. 14857

By: ls.

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 Officer Roderick H. Lichtenfels Date 1/9/04

Print or Type Name of Officer  
**Roderick H. Lichtenfels**

Title of Officer  
**President**



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *94107*		2. Name of Corporation COBB I CO.			
3. Street Address Principal Business Office 850 WELLINGTON AVENUE			City CRANSTON	State RI	Zip 02910
4. Business Phone No. 4014677400		5. State of Incorporation RHODE ISLAND			6. SIC Code 1073
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE SALE AND DISTRIBUTION OF JEWELRY PRODUCTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Roderick H. Lichtenfels			Vice President Name Roderick H. Lichtenfels		
Street Address 850 Wellington Avenue			Street Address 850 Wellington Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Roderick H. Lichtenfels			Treasurer Name Roderick H. Lichtenfels		
Street Address 850 Wellington Avenue			Street Address 850 Wellington Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Roderick H. Lichtenfels			Director Name		
Street Address 850 Wellington Avenue			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$1.00 PAR VALUE			1,000	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 4 1 0 7 \*

\*\*94107\* 1/9/03 11:43:36 AM\*

File Date 1-14-03

Check No. 12353

By: [Signature]

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 the statements contained herein are true and correct.

Signature of Officer

Roderick H. Lichtenfels

Print or Type Name of Officer

President

Title of Officer

Date  
1/13/03



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

94107

COBBICO.

3. Street Address Principal Business Office

850 Wellington Avenue

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

City

Cranston

State

RI

Zip

02910

6. SIC Code

1073

7. Brief Description of the Character of Business Conducted in Rhode Island

sale of jewelry products

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Roderick H. Lichtenfels

Street Address

850 Wellington Avenue

City

State

Zip

Cranston RI 02910

Secretary Name

Roderick H. Lichtenfels

Street Address

same

City

State

Zip

Vice President Name

Roderick H. Lichtenfels

Street Address

same

City

State

Zip

Treasurer Name

Roderick H. Lichtenfels

Street Address

same

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Roderick H. Lichtenfels

Street Address

same

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 \$1.00 PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

Common

\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 4 1 0 7 \*

File Date: 2/20/02

Check No.: 10103

By: [Signature]

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 Officer

Date

Roderick H. Lichtenfels

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **94107** 2. Name of Corporation **COBB I CO.**

3. Street Address Principal Business Office

**850 Wellington Avenue**

4. Business Phone No.

5. State of Incorporation  
**RHODE ISLAND**

City

**Cranston**

State

**RI**

Zip

**02910  
1073**

7. Brief Description of the Character of Business Conducted in Rhode Island

**sale of jewelry products**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

**Roderick H. Lichtenfels**

Street Address

**850 Wellington Avenue**

City State Zip  
**Cranston RI 02910**

Secretary Name

**Roderick H. Lichtenfels**

Street Address

**same**

City State Zip

Vice President Name

**Roderick H. Lichtenfels**

Street Address

**same**

City State Zip

Treasurer Name

**Roderick H. Lichtenfels**

Street Address

**same**

City State Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

**Roderick H. Lichtenfels**

Street Address

**same**

City State Zip

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

**8,000 \$1.00 PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares Class/Series Par Value

**1,000 common \$1.00**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.



\* 9 4 1 0 7 \*

**2/27**

File Date: \_\_\_\_\_

Check No.: **7763**

By: **[Signature]**

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]** **2/16/01**  
Signature of Officer Date

**Roderick H. Lichtenfels**  
Print or Type Name of Officer

**President**  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 94107 2. Name of Corporation COBB I CO.  
3. Street Address Principal Business Office 850 Wellington Avenue City Cranston State RI Zip 02910  
4. Business Phone No. \_\_\_\_\_ 5. State of Incorporation Rhode Island 6. SIC Code \_\_\_\_\_

7. Brief Description of the Character of Business Conducted in Rhode Island

sale of jewelry products

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name

Roderick H. Lichtenfels

Street Address

850 Wellington Avenue

City Cranston State RI Zip 02910

Secretary Name

Roderick H. Lichtenfels

Street Address

same

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Vice President Name

Roderick H. Lichtenfels

Street Address

same

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Treasurer Name

Roderick H. Lichtenfels

Street Address

same

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name

Roderick H. Lichtenfels

Street Address

same

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director Name

Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director Name

Director Name

Street Address

Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000	common	\$1.00

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1,000	common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

AUG 23 2000

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 Officer

Roderick H. Lichtenfels

Print or Type Name of Officer

President

Title of Officer

Date

8/23/00



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>94107</b>		2. Name of Corporation <b>COBBICO.</b>	
3. Street Address Principal Business Office <b>850 Wellington Avenue</b>		City <b>Cranston</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 467-7400</b>		Zip <b>02910</b>	
5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>1073</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Manufacturing of small metal parts</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>Roderick H. Lichtenfels</b>		Vice President Name	
Street Address <b>165 Shippee Road</b>		Street Address	
City <b>E. Greenwich</b>	State <b>RI</b>	City	State
Zip <b>02818</b>		Zip	
Secretary Name		Treasurer Name <b>Roderick H. Lichtenfels</b>	
Street Address		Street Address <b>165 Shippee Road</b>	
City	State	City <b>E. Greenwich</b>	State <b>RI</b>
Zip		Zip <b>02818</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <b>Roderick H. Lichtenfels</b>		Director Name	
Street Address <b>165 Shippee Road</b>		Street Address	
City <b>E. Greenwich</b>	State <b>RI</b>	City	State
Zip <b>02818</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares <b>8,000 \$1.00 PAR VALUE</b>	Class/Series	Number of Shares <b>1000</b>	Class/Series
Par Value		Par Value	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 4 1 0 7 \*

File Date: **04-19-99**

Check No.: **2068**

By: **ID**

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 Officer

Date

**Roderick H. Lichtenfels**

Print or Type Name of Officer

**President**

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

STOP  
PLEASE READ  
INSTRUCTIONS

1. Corporate ID No. <b>94107</b>		2. Name of Corporation <b>COBB I CO.</b>			
3. Street Address Principal Business Office <b>850 Wellington Avenue</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	
4. Business Phone No. <b>(401)467-7400</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>1073</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name <b>Roderick H. Lichtenfels</b>		Vice President Name			
Street Address <b>165 Shippee Road</b>		Street Address			
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
Secretary Name		Treasurer Name <b>Roderick H. Lichtenfels</b>			
Street Address		Street Address <b>165 Shippee Road</b>			
City	State	Zip	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name <b>Roderick H. Lichtenfels</b>		Director Name			
Street Address <b>165 Shippee Road</b>		Street Address			
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>8,000</b>	<b>\$1.00</b>	<b>PAR VALUE</b>	<b>0</b>		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 4 1 0 7 \*

File Date: **3/9**

Check No.: **17861**

By: **KID**

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 Officer **Roderick H. Lichtenfels** Date **3/5/98**

Roderick H. Lichtenfels

Print or Type Name of Officer

President

Title of Officer