

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

> > Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) I. Corporate ID No. 2. Name of Corporation *94107* COBB I CO. 3. Street Address Principal Business Office State Zip 850 WELLINGTON AVENUE CRANSTON RI 02910 4. Business Phone No. 5. State of Incorporation 6. SIC Code 4014677400 RHODE ISLAND 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) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Roderick H. Lichtenfels . Roderick H. Lichtenfels Street Address Street Address 850 Wellington Avenue .850 Wellington Avenue City State Zip State Zip Cranston RI 02910 Cranston RI 02910 Secretary Name Treasurer Name Roderick H. Lichtenfels Roderick H. Lichtenfels Street Address Street Address 850 Wellington Avenue 850 Wellington Avenue City Stole City State Zip Cranston RT 02910 . Cranston RI 02910 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Roderick H. Lichtenfels Street Address Street Address 850 Wellington Avenue City Zip Ciry State Zip Cranston 02910 RI Director Name Director Name Street Address Street Address City State .City Zip State Zφ 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES <u>ISSUED SHARES</u> 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 +	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,
**94107* 1/9/11 11 6 AM*	and that all statements contained herein are true and correct.
FEB 2 3 2005 18048	Signature of Officer Roderick H. Lichtenfels
By By Cb	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	President Title of Officer Form 6



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: January 1 - March 1 Filing Fee: \$50.00

City CRANSTON ation ATTACHMENT) FILL IN Vice President Name Roderick H. I. Street Address 850 Wellingto City Cranston Treasurer Name Roderick H. L. Street Address 850 Wellingto City Cranston OR ATTACHMENT) FILL Director Name Street Address	on Avenue State RI Sichtenfels State RI State RI State RI State RI	Zip 02910
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ATTACHMENT) FILL IN **Vice President Name Roderick H. I **Street Address** **850 Wellingto** City Cranston **Treasurer Name** Roderick H. L **Street Address** **850 Wellingto** City Cranston **ORATTACHMENT) FILL **Director Name** **Street Address** **Treet Address** **Street Address** **Treet Address** **Street Address** **Street Address** **Treet Address** **Treet Address** **Street Address** **Treet Address** **	on Avenue State RI Sichtenfels State RI State RI State RI State RI	Zip 02910
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Director Name Street Address .	<u> </u>	GATTACHMENTS
		
·Cin		:
City	State	Zip
•		
Director Name		
Street Address		
City	State	Zip
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	Class/Series	Par Value
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	Street Address City 11. SHARES ISSUED ISSUED SHARES Number of Shares 1,000	State Clity State 11. SHARES ISSUED ("X" BOX FOR ATTACHME ISSUED SHARES Number of Shares Class/Series

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**94107* 1/9/0311;43:36 AM*	and that all stat
File Date 219/04	1
11057	Signature of Offi
Check No. 19857	Roderick
1. 19	Print or Type Na
B <u>y:</u> \\[\times \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	President
FOR SECRETARY OF STATE USE ONLY	Title of Officer

Under penalty of perjury, this report, including any and that all statements co	accompanyi	ng schedu	les and state	ments,	
[hum	Mars) (9104		
Signature of Officer		D	ate		_
Roderick H. Lic	htenfèls				
Print or Type Name of Office	cer			•	_
President					
Title of Officer			-	Form 630 12/	01



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

**94107* 1/9/0311:43:36 AM* 1-14

FOR SECRETARY OF STATE USE ONLY

File Date

Check No.

Edward S. Inman, 111, 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) 2. Name of Corporation I. Corporate ID No. COBB I CO. *94107* 3. Street Address Principal Business Office State Zip RI 850 WELLINGTON AVENUE CRANSTON 02910 6. SIC Code 4. Business Phone No. 5. State of Incorporation 4014677400 RHODE ISLAND 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) | FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Roderick H. Lichtenfels Roderick H. Lichtenfels Street Address Street Address 850 Wellington Avenue 850 Wellington Avenue State Zip City State RI 02910 RI Cranston Cranston 02910 Treasurer Name Secretary Name Roderick H. Lichtenfels Roderick H. Lichtenfels Street Address Sireet Address 850 Wellington Avenue 850 Wellington Avenue City City State Zip Cranston Cranston RI 02910 RI 02910 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR A TACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Roderick H. Lichtenfels Street Address Street Address 850 Wellington Avenue State City State Zip ·City Zip Cranston RI 02910 Director Name Director Name Street Address Street Address City State .Citv State Z_{p} 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) SSUED SHARES **AUTHORIZED SHARES** Par Value Number of Shares Class/Series Par Value Number of Shares Class/Series \$1.00 8,000 \$1.00 PAR VALUE 1,000 Common This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee 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.

> Print or Type Name of Officer President Title of Officer

Signature of Officer

Roderick H. Lichtenfels

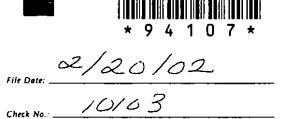
Form 630 12/01

1/13/03

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 I. 1. Corporate ID No.	2. Name of Corpore	ntion	······································		<u>-</u> -
94107	COBB I CO.				
3. Street Address Principal Bu	isiness Office	•	City	State	ZIp
850 Wellington 4. Business Phone No.	Avenue _	S. State of Incorporation		ŖI	02910 6. SIC Gode 1 073
7. Brief Description of the Ch	aracter of Business Conducted	RHODE ISLAI In Rhode Island	. ,	-	1073
sale of jewelr 8. NAMES AND ADE President Name	y products DRESSES OF THE OFF	ICERS (*X* BOX FOR ATT	FACHMENT) FILL IN SPACE	ES BEFORE USING ATTAC	CHMENTS
Roderick H. Li	chtenfels.		Roderick H. L Street Address	ichtenfels	
850 Wellington	Avenue State	Zip	same City	State	Zip
Cranston	RI	02910	Treasurer Name	1	
Roderick H. Li	chtenfels		Roderick H.	Lichtenfels _	• -
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9. NAMES AND ADD Director Name Roderick H. Li	DRÉSSES OF THE DIR		City NITACHMENT) FILL IN SPA Director Name		
9. NAMES AND ADE Director Name Roderick H. Li Street Address same	DRESSES OF THE DIR	ECTORS (*x* box for a	Clty ATTACHMENT) FILL IN SPA Director Name Street Address	CES BEFORE USING ATT.	ACHMENTS
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9. NAMES AND ADE Director Name Roderick H. Li Street Address Same City Director Name Street Address City	ORESSES OF THE DIR	ECTORS (*X* BOX FOR A	City City Director Name City Director Name Street Address City City	CES BEFORE USING ATT.	Zip
9. NAMES AND ADE Director Name Roderick H. Li Street Address Same City Director Name Street Address City 10. SHARES AUTHOR	ORESSES OF THE DIR Lohtenfels State State	ECTORS (*X* BOX FOR A	City TTACHMENT) FILL IN SPA Director Name City Director Name Street Address City 11. SHARES ISSUED	State	Zip
9. NAMES AND ADE Director Name Roderick H. Li Street Address same City Director Name Street Address City 10. SHARES AUTHORIZED SHARES	State State Class/Series	ZIP	City Director Name City Director Name Street Address City 11. SHARES ISSUED ISSUED SHARES	State State State	Zip



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. 2/14/01

Date

Signature of Officer

Roderick H. Lichtenfels

Print or Type Name of Officer

President

Title of Officer **♦** 5

Form 630 12/01

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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K)				
2. Name of Corporation COBB I CO.	•			• •
ffice		City	State	Zip
enue	5. State of Incorporation RHODE ISLAND	Cranston	RI	6. 3 (0/3
f Business Conducted in R	hode Island			
	ERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
enfels		Roderick H. Lic Street Address	chtenfels	
enue State	Zip	same City	State	Zip
RI	02910	Treasurer Name	·	••
enfels		Roderick H. Lic Street Address	htenfels	
State	Zip	same City	State	Zip
ES OF THE DIREC	TORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACE Director Name	ES BEFORE USING AT	FACHMENTS
enfels		Street Address		·
State	Zip	City	State	Zip
		Director Name		• • • • • • • • • • • • • • • • • • •
		Street Address	•	
State	Zip	City	State	Zip
("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED (* ISSUED SHARES	"X" BOX FOR ATTACHMEN	IT)
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.

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File Date:	727
Check No.:	7763
Ву:	2.
FOR SECRETARY	OF STATE USE ONLY

Under pe	nalty of perj	ury, I declare and	affirm that I have examined
this repo	rt, including	any accompanyi	ng schedules and statements, and
that all s			re true and correct.
	mx	(Lun)	a liuloj
Signature a	Officer		Date

common

Roderick H.	Lichtenfels
rint or Type Name of Offi	

President

Title of Officer

\$1.00



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 I	N BLACK)				
1. Corporate ID No.	2. Name of Corpora	tion			- -
3. Street Address Plincipal Bu	COBB I C	0.	City	State	Zip
850 Wellington	n Avenue	' 5. State of Incorporation	Cranston	, RI	02910 6. SIC Code
7. Brief Description of the Ch	naracter of Business Conducted i	Rhode Island			
	y products ORESSES OF THE OFFI	CERS ("X" BOX FOR ATTACE			
President Name Roderick H. Lie Street Address	chtenfels		Roderick H. Li	ichtenfels	_
850 Wellington	Avenue State	· Zip	same cny	State	27 Uny 25
Cranston Secretary Name	RI	02910	Treasurer Name		
Roderick H. Lie	chtenfels		Roderick H. I	Lichtenfels	1 23
same City	State	Żip	same City	State	D STATE STATE
9. NAMES AND ADI	ORESSES OF THE DIR	ECTORS (*X* BOX FOR ATTA	CHMENT) Director Name	- · · • • •	_ · ·
Roderick H. Li	chtenfels		Street Address		-
same City	`State	Zip	City	1 State	Zip
Director Name			Director Name		
Street Address		***	. Street Address		
City	State	Zip	City	* State	ZIp
10. SHARES AUTHO AUTHORIZED SHARES	RIZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED) (*X* BOX FOR ATTACHMENT	7),
Number of Shares	Class/Series	Par Value	Number of Shares	· Class/Serles	Par Value
8,000	common	\$1.00	1,000	common	\$1.00
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os SellyEβ ————————————————————————————————————	Print or Type Name of Officer President
OR SECRETARY OF STATE USE ONLY	Title of Officer



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)				
I. Corporate ID No. 2. Name of Section 1. COB	of Corporation B CO.			
3. Street Address Principal Business Office	.50.0.4	City	State	Zip
850 Wellington Ave	hue	Cranston	RI	02910
4. Business Phone No. (401)467-7400	5. State of Incorporation	ÑD		6. SIC Code 1073
7. Brief Description of the Character of Business C	onducted in Rhode Island	· - <u></u>	_	1
Manufacturing of Si		•		
8. NAMES AND ADDRESSES OF TH		ACHMENT) [FILL IN SPACES	BEFORE USING ATTA	CHMENTS
Roderick H. Lichte	· · · —• ·	Vice President Name		
Street Address	· - · -	Street Address		· · · · · · · · · · · · · · · · · · ·
165 Shippee Road	,			-
E. Greenwich RI	02818	City	State	Zip
Secretary Name		Treasurer Name		
secretary name		Roderick H.	Lichtenfels	
	** ** - *	Street Address		
	•	165 Shippee	Road	
City State	Zip	City	State	Zip
	.	E. Greenwich	ستندرون والمطسم	02818
9. NAMES AND ADDRESSES OF TH	HE DIRECTORS ("X" BOX FOR A	TTACHMENT) [FILL IN SPAC	ES BEFORE USING AT	TACHMENTS
Roderick H. Lichte	onfel¢	. Director Name		
Street Address		Street Address		
165 Shippee Road				
City	Zip	City	State	Zip
E. Greenwich; RI	02818			
Director Name		Director Name	•	
Street Address		Street Address	· ·	
Street Madress		; Street Appress		
City State	Zip	city	State	Zip
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10. SHARES AUTHORIZED ("X" BOX	FOR ATTACHMENT)	11. SHARES ISSUED	"X" BOX FOR ATTACHME	ντ) .
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares Class/Ser	ries Par Value	Number of Shares	Class/Series	Par Value
8,000 \$1.00 PAR VALUE		1000		
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This report must be signed in ink	by either the President, Vic	e President, Secretary, Ass	istant Secretary, Trea	surer, Receiver or Trustee
	8 88 88 83			

Under penalty of perjury, I declare and affirm that I have examined

File Date:	04-19-99
Check No.:	2068
Ву:	QT.
	OF STATE LISE ONLY

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



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)

1. Corporate ID No. 94107	2. Name of Corporation COBB I CO.					
3. Street Address Principal Business O	ffice		City	State	Zip	
850 Wellington Av	venue		Cranston	RI	02910	
4. Business Phone No.		S. State of Incorporation RHODE ISLA	т. —		6. SIC Code	
(401)467-7400		HHODE ISLA	טא		1073	
7. Brief Description of the Character of	f Business Conducted li	n Rhode Island	·····			
		·				
8. NAMES AND ADDRESS	ES OF THE OFFI	CERS ("X" BOX FOR ATT	ACHMENT)			
President Name			Vice President Name			
Roderick H. Lichtenfels			<u>'</u>			
Street Address			Street Addiess			
165 Shippee Road	,		<u> </u>			
City	State	Zip	City	State	Zip	
East Greenwich	RI	02818	······································			
Secretary Name			Treasurer Name			
			Roderick H. Lichtenfels			
Street Address			•	Street Address		
·	•	_ 	: 165 Shippee Road	d		
City	State	Zip	City	State	Zip	
	<u> </u>		East Greenwich	RI	02818	
9. NAMES AND ADDRESS	ES OF THE DIRE	CTORS ("X" BOX FOR A		·		
Director Name			Director Name		1	
Roderick H. Lichtenfels			_ <u>:</u>		····	
Street Address			Street Address			
165 Shippee Road	T.					
City	State	Zip	City	State	ZIP	
East Greenwich	RI	02818	•		l	
Director Name			Director Name			
		· -•				
Street Address			Street Address			
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c.i.y	310.10		: Chy	State	Zip	
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
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8,000 \$1.00 PAR VALUE			1 0	1	į	
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This report must be signed	d in ink by eith	er the President, Vic	e President, Secretary, Assis	tant Secretary, Trea	surer, Receiver or Trustee	
{	146 3196 1 41811 68111 58	18 i 189 i				

	+ 9 4 1 0 .7 +	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, a		
File Date:	3/9	that all statements contrained herein are true and correct. 3/5/98		
Check No.:	17861	Roderick H. Lichtenfels		
By: FOR SECRETARY OF	STATE USE ONLY	Print or Type Name of Officer President Title of Officer		