



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. 83108
2. Name of Corporation LASALLE JEWELERS, INC.
3. Street Address Principal Business Office
1002 Smith Street
4. Business Phone No. 401-521-0212

City Providence State RI Zip 02908
5. State of Incorporation Rhode Island
6. SIC Code 4671

7. Brief Description of the Character of Business Conducted in Rhode Island
To purchase, acquire, sell or otherwise operate a retail jewelry store or any other lawful purpose.

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

President Name Seta Parseghian
Street Address 1003 Smith Street
City Providence State RI Zip 02908

Vice President Name Gary Parseghian
Street Address 1003 Smith Street
City Providence State RI Zip 02908

Secretary Name Gary Parseghian
Street Address 1003 Smith Street
City Providence State RI Zip 02908

Treasurer Name Seta Parseghian
Street Address 1003 Smith Street
City Providence State RI Zip 02908

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

Director Name Seta Parseghian
Street Address 1003 Smith Street
City Providence State RI Zip 02908

Director Name Gary Parseghian
Street Address 1003 Smith Street
City Providence State RI Zip 02908

Director Name N/A
Street Address
City State Zip

Director Name N/A
Street Address
City State Zip

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	4,000	No PAR Value	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	200	Common	No PAR Value

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

File Date: 9/2/04
Check No.: 2785
By: DA

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: Seta Parseghian Date: 8/30/04
Print or Type Name of Officer: Seta Parseghian
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **83108**
2. Name of Corporation **LASALLE JEWELERS, INC.**

3. Street Address Principal Business Office
1003 Smith Street
City **Providence** State **RI** Zip **02908**

4. Business Phone No. **401-521-0212**
5. State of Incorporation **RHODE ISLAND**
6. SIC Code **4671**

7. Brief Description of the Character of Business Conducted in Rhode Island
To purchase, acquire, sell or otherwise operate a retail jewelry store or any other lawful purpose.

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

President Name **Seta Parseghian**
Street Address **1003 Smith St.**
City **Providence** State **RI** Zip **02908**
Vice President Name **Gary Parseghian**
Street Address **1003 Smith St.**
City **Providence** State **RI** Zip **02908**

Secretary Name **Gary Parseghian**
Street Address **1003 Smith St.**
City **Providence** State **RI** Zip **02908**
Treasurer Name **Seta Parseghian**
Street Address **1003 Smith St.**
City **Providence** State **RI** Zip **02908**

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

Director Name **Seta Parseghian**
Street Address **1003 Smith St.**
City **Providence** State **RI** Zip **02908**
Director Name **Gary Parseghian**
Street Address **1003 Smith St.**
City **Providence** State **RI** Zip **02908**

Director Name **N/A**
Street Address
City State Zip

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	4,000	NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	200	Common	No Par Value

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



* 8 3 1 0 8 *

File Date: 1.22.03

Check No.: 2358

By: UP

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.

Seta Parseghian 1/20/03
Signature of Officer Date

Seta Parseghian
Print or Type Name of Officer

President
Title of Officer



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. **83108** 2. Name of Corporation **LASALLE JEWELERS, INC.**

3. Street Address Principal Business Office **1003 Smith Street** City **Providence** State **RI** Zip **02908-2737**
4. Business Phone No. **401-521-0212** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4671**

7. Brief Description of the Character of Business Conducted in Rhode Island **To purchase, acquire, sell or otherwise operate a retail jewelry store or any other lawful purpose**

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

President Name **Seta Parseghian**
Street Address **201 Wardlaw Ave.**
City **Providence** State **RI** Zip **02908**

Vice President Name **Gary Parseghian**
Street Address **201 Wardlaw Ave.**
City **Providence** State **RI** Zip **02908**

Secretary Name **Gary Parseghian**
Street Address **201 Wardlaw Ave.**
City **Providence** State **RI** Zip **02908**

Treasurer Name **Seta Parseghian**
Street Address **201 Wardlaw Ave.**
City **Providence** State **RI** Zip **02908**

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

Director Name **Seta Parseghian**
Street Address **201 Wardlaw Ave.**
City **Providence** State **RI** Zip **02908**

Director Name **Gary Parseghian**
Street Address **201 Wardlaw Ave.**
City **Providence** State **RI** Zip **02908**

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	4,000	NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	200	Common	None

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



File Date: 1-23-02
Check No.: 2093
By: [Signature]

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.

Seta Parseghian 1/14/02
Signature of Officer Date

Seta Parseghian
Print or Type Name of Officer
President
Title of Officer



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. **83108** 2. Name of Corporation **LASALLE JEWELERS, INC.**

3. Street Address Principal Business Office City State Zip
1003 SMITH STREET **PROVIDENCE** **RI** **02908-2737**
 4. Business Phone No. 5. State of Incorporation 6. SIC Code
401-521-0212 **RHODE ISLAND** **4871**

7. Brief Description of the Character of Business Conducted in Rhode Island **To purchase, acquire, sell or otherwise operate a retail jewelry store or any other lawful purpose.**

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

President Name SETA PARSEGHIAN Street Address 1003 SMITH STREET City State Zip PROVIDENCE RI 02908	Vice President Name GARY PARSEGHIAN Street Address 1003 SMITH STREET City State Zip PROVIDENCE RI 02908
Secretary Name GARY PARSEGHIAN Street Address 1003 SMITH STREET City State Zip PROVIDENCE RI 02908	Treasurer Name SETA PARSEGHIAN Street Address 1003 SMITH STREET City State Zip PROVIDENCE RI 02908

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

Director Name SETA PARSEGHIAN Street Address 1003 SMITH STREET City State Zip PROVIDENCE RI 02908	Director Name GARY PARSEGHIAN Street Address 1003 SMITH STREET City State Zip PROVIDENCE RI 02908
Director Name N/A Street Address	Director Name N/A Street Address

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
4,000 SHS NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
200 COMMON NO PAR VALUE

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



1/29

File Date: _____

Check No.: _____

By: _____

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.

Seta Parseghian 1/25/01
Signature of Officer Date

SETA PARSEGHIAN
Print or Type Name of Officer

PRESIDENT
Title of Officer

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. **83108** 2. Name of Corporation **LASALLE JEWELERS, INC.**

3. Street Address Principal Business Office
1003 SMITH STREET City **PROVIDENCE** State **RI** Zip **02908**
4. Business Phone No. **401-521-0212** 5. State of Incorporation **RHODE ISLAND**
6. SIC Code **4671**

7. Brief Description of the Character of Business Conducted in Rhode Island
To purchase, acquire, sell or otherwise operate a retail jewelry store or any other lawful purpose.
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **SETA PARSEGHIAN** Vice President Name **GARY PARSEGHIAN**
Street Address **1003 SMITH STREET** Street Address **1003 SMITH STREET**
City **PROVIDENCE** State **RI** Zip **02908** City **PROVIDENCE** State **RI** Zip **02908**

Secretary Name **GARY PARSEGHIAN** Treasurer Name **SETA PARSEGHIAN**
Street Address **1003 SMITH STREET** Street Address **1003 SMITH STREET**
City **PROVIDENCE** State **RI** Zip **02908** City **PROVIDENCE** State **RI** Zip **02908**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**
Director Name **SETA PARSEGHIAN** Director Name **GARY PARSEGHIAN**
Street Address **1003 SMITH STREET** Street Address **1003 SMITH STREET**
City **PROVIDENCE** State **RI** Zip **02908** City **PROVIDENCE** State **RI** Zip **02908**

Director Name **N/A** Director Name **N/A**
Street Address **N/A** Street Address **N/A**
City **N/A** State **N/A** Zip **N/A** City **N/A** State **N/A** Zip **N/A**

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES
Number of Shares Class/Series Par Value
4,000 SHS NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
200 COMMON NO PAR VALUE

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



File Date: 1/31/00
Check No.: 1456
By: [Signature]

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.

SETA PARSEGHIAN 1-27-00
Signature of Officer Date
PRESIDENT
Print or Type Name of Officer
Seta Parseghian
Title of Officer

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. 83108
2. Name of Corporation LASALLE JEWELERS, INC.
3. Street Address Principal Business Office 1003 SMITH STREET
City PROVIDENCE State RI Zip 02908
4. Business Phone No. 401-521-0212
5. State of Incorporation RHODE ISLAND
6. SIC Code 4671
7. Brief Description of the Character of Business Conducted in Rhode Island TO PURCHASE, ACQUIRE, SELL OR OTHERWISE OPERATE
A RETAIL JEWELRY STORE OR ANY OTHER LAWFUL PURPOSE

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

President Name SETA PARSEGHIAN
Street Address 1003 SMITH STREET
City PROVIDENCE State RI Zip 02908
Secretary Name GARY PARSEGHIAN
Street Address 1003 SMITH STREET
City PROVIDENCE State RI Zip 02908
Vice President Name GARY PARSEGHIAN
Street Address 1003 SMITH STREET
City PROVIDENCE State RI Zip 02908
Treasurer Name SETA PARSEGHIAN
Street Address 1003 SMITH STREET
City PROVIDENCE State RI Zip 02908

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

Director Name SETA PARSEGHIAN
Street Address 1003 SMITH STREET
City PROVIDENCE State RI Zip 02908
Director Name GARY PARSEGHIAN
Street Address 1003 SMITH STREET
City PROVIDENCE State RI Zip 02908

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

AUTHORIZED SHARES	Class/Series	Par Value
4,000	COMMON	NO PAR

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

ISSUED SHARES	Class/Series	Par Value
200	COMMON	NO PAR

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.

File Date: **FILED**
Check No.: MAR 10 1999
By: *[Signature]* 219747
FOR SECRETARY OF STATE USE ONLY

[Signature] 3/9/99
Signature of Officer Date
SETA PARSEGHIAN
Print or Type Name of Officer
PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 83108
 2. Name of Corporation LASALLE JEWELERS, INC.
 3. Street Address Principal Business Office 1003 SMITH STREET
 4. Business Phone No. (401) 521-0212
 5. State of Incorporation RHODE ISLAND
 6. SIC Code 02908
 7. Brief Description of the Character of Business Conducted in Rhode Island TO PURCHASE, ACQUIRE, SELL OR OTHERWISE OPERATE

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

President Name SETA PARSIGHIAN Street Address 1003 SMITH STREET City State Zip PROVIDENCE RI 02908	Vice President Name GARY PARSIGHIAN Street Address 1003 SMITH STREET City State Zip PROVIDENCE RI 02908
Secretary Name GARY PARSIGHIAN Street Address 1003 SMITH STREET City State Zip PROVIDENCE RI 02908	Treasurer Name SETA PARSIGHIAN Street Address 1003 SMITH STREET City State Zip PROVIDENCE RI 02908

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

Director Name SETA PARSIGHIAN Street Address 1003 SMITH STREET City State Zip PROVIDENCE RI 02908	Director Name GARY PARSIGHIAN Street Address 1003 SMITH STREET City State Zip PROVIDENCE RI 02908
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10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000	COMMON NO PAR		200	COMMON NO PAR	

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

File Date: 5/13/97
 Check No.: 1475
 By: 1610

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: Seta Parsighian
 Date: 5-10-97

SETA PARSIGHIAN
 Print or Type Name of Officer

PRESIDENT
 Title of Officer

ANNUAL REPORT

1990



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Reporting Period: January 1-March 1
Reporting Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. **83108**

2. NAME OF CORPORATION **LASALLE JEWELERS, INC.**

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE
1003 Smith Street

4. CITY **Providence** STATE **RI** ZIP CODE **02908**

5. ADDRESS PHONE NO. **(401) 521-0212**

6. STATE OF INCORPORATION **RHODE ISLAND**

7. SIC CODE **4671**

8. REF. DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
to purchase, acquire, sell or otherwise operate a retail jewelry store or any other lawful purpose

9. NAMES AND ADDRESSES OF THE OFFICERS

VICE PRESIDENT NAME
Gary Parsighian
STREET ADDRESS **1003 Smith Street**
CITY **Providence** STATE **RI** ZIP CODE **02908**

TREASURER NAME
Seta Parsighian
STREET ADDRESS **1003 Smith Street**
CITY **Providence** STATE **RI** ZIP CODE **02908**

10. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME
Gary Parsighian
STREET ADDRESS **1003 Smith Street**
CITY **Providence** STATE **RI** ZIP CODE **02908**

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
4,000 SHS	NO PAR VALUE		200	Common	No

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.

Signature of Officer: *Seta Parsighian*
Print or Type Name of Officer: SETA PARSIGHIAN
Title of Officer: PRESIDENT

Date: 8-20-96
File No: 1243
NS

Date