



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 122410		2. Name of Corporation JR Esposito Designs, Inc.			
3. Street Address Principal Business Office 225 Dupont Dr.			City PROV	State RI	Zip 02901
4. Business Phone No 401-943-1900		5. State of Incorporation RHODE ISLAND		6. SIC Code 8888	
7. Brief Description of the Character of Business Conducted in Rhode Island BUY, SELL, DESIGN, AND EXCHANGE JEWELRY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph R. Esposito			Vice President Name Kim Esposito		
Street Address 33 Cushing St.			Street Address 33 Cushing St.		
City PROV	State RI	Zip 02906	City PROV	State RI	Zip 02906
Secretary Name K.M. Esposito			Treasurer Name Joseph R. Esposito		
Street Address 33 Cushing St.			Street Address 33 Cushing St.		
City PROV	State RI	Zip 02906	City PROV	State RI	Zip 02906
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph R. Esposito			Director Name		
Street Address 33 Cushing St.			Street Address		
City PROV	State RI	Zip 02906	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
1,000 NO PAR VALUE			NONE		

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: Joseph Esposito Date: 1/25/05
Print or Type Name of Officer: _____
Title of Officer: _____

File Date: 1/27/05
Check No.: 1768
By: W.
FOR SECRETARY OF STATE USE ONLY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 122410		2. Name of Corporation JR Esposito Designs, Inc.			
3. Street Address Principal Business Office 255 Dupont Drive			City Providence	State RI	Zip 02907
4. Business Phone No. 401 943-1900		5. State of Incorporation RHODE ISLAND		6. SIC Code 8888	
7. Brief Description of the Character of Business Conducted in Rhode Island BUY, SELL, DESIGN, AND EXCHANGE JEWELRY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph R. Esposito			Vice President Name Joseph R. Esposito		
Street Address 33 Cushing Street			Street Address 33 Cushing Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Joseph R. Esposito			Treasurer Name Joseph R. Esposito		
Street Address 33 Cushing Street			Street Address 33 Cushing Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			NONE		

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

FILED



JAN 20 2004

* 1 2 2 4 1 0 *

By Kane

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 _____

Print or Type Name of Officer _____

Title of Officer _____

File Date _____

Check No. 1490

By: _____

FOR SECRETARY OF STATE USE ONLY



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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 03

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 02410		2. Name of Corporation J.R. Esposito Designs, Inc.			
3. Street Address - Principal Business Office 33 Cushing Street			City Providence	State R.I.	Zip 02906
4. Business Phone No. 943-1900		5. State of Incorporation R.I.		6. SIC Code 8888	
7. Brief Description of the Character of Business Conducted in Rhode Island Buy/Sell, Design & Exchange Jewelry					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph Esposito			Vice President Name same		
Street Address 33 Cushing St.			Street Address same		
City Provd.	State R.I.	Zip 02906	City	State	Zip
Secretary Name same			Treasurer Name same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	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
1000			NONE		

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

File Date **3-20-03**
Check No. **1152**
By **BMK**
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 **[Signature]** **3/16/03**
Date
Print or Type Name of Officer **JOSEPH R. ESPOSITO**
Title of Officer **PRESIDENT**