



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 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate D. O. No. 80520		2. Name of Corporation Style Accessories, Inc.	
3. Street Address Principal Business Office 3 ACORN STREET		City PROVIDENCE	State RI
4. Business Phone No. 4018313308		5. State of Incorporation RHODE ISLAND	
6. SIC Code 2618			
7. Brief Description of the Character of Business Conducted in Rhode Island TO BUY, SELL, MANUFACTURE, DISTRIBUTE, IMPORT AND EXPORT JEWELRY AND RELATED ACCESSORIES			
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Chad R. Mollica		Vice President Name	
Street Address 3 Acorn Street		Street Address	
City Providence	State RI	Zip 02903	
Secretary Name Chad R. Mollica		Treasurer Name Chad R. Mollica	
Street Address 3 Acorn Street		Street Address 3 Acorn Street	
City Providence	State RI	Zip 02903	City Providence
			State RI
			Zip 02903
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Chad R. Mollica		Director Name	
Street Address 3 Acorn Street		Street Address	
City Providence	State RI	Zip 02903	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
10,000	\$0.01 PAR VALUE		8,213
			Common
			\$0.01

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



8 0 5 2 0

80520 DBC 01/03/05 11:47:47 AM

File Date 2/22/05

Check No. 6200

By: W.

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] 2/15/05
Signature of Officer Date
Chad R. Mollica
Print or Type Name of Officer
President
Title of Officer



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 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 80520		2. Name of Corporation Style Accessories, Inc.			
3. Street Address Principal Business Office 3 ACORN STREET			City PROVIDENCE	State RI	Zip 02903
4. Business Phone No. 4016313308		5. State of Incorporation RHODE ISLAND		6. SIC Code 2618	
7. Brief Description of the Character of Business Conducted in Rhode Island TO BUY, SELL, MANUFACTURE, DISTRIBUTE, IMPORT AND EXPORT JEWELRY AND RELATED ACCESSORIES					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Chad R. Mollica			Vice President Name		
Street Address 3 ACORN STREET			Street Address		
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
Secretary Name Chad R. Mollica			Treasurer Name Chad R. Mollica		
Street Address 3 ACORN STREET			Street Address 3 ACORN STREET		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Chad R. Mollica			Director Name		
Street Address 3 ACORN STREET			Street Address		
City PROVIDENCE	State RI	Zip 02903	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
10,000	\$01 PAR VALUE		8,213	Common	\$.01

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



8 0 5 2 0

80520 DBC 02/10/04 04:56:04 PM

File Date 2/24/04

Check No. 4737

By: 18

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.

Chad R. Mollica 2/22/04
Signature of Officer Date
Chad R. Mollica
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

FORM MUST BE TYPED IN PLACES

1. D.B. No. US20		2. Corporation Name Style Accessories, Inc.			
3. Street Address Principal Business Office 3 ACORN STREET		City PROVIDENCE	State RI	Zip 02903	
4. Business Phone No. 4018313308	5. State of Incorporation RHODE ISLAND		6. SIC Code 2618		
7. Brief Description of the Character of Business Conducted in Rhode Island Manufacture, sale and distribution of jewelry.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Chad R. Mollica		Vice President Name .			
Street Address 3 Acorn Street		Street Address .			
City Providence	State RI	Zip 02903	City .	State .	Zip .
Secretary Name Chad R. Mollica		Treasurer Name Chad R. Mollica			
Street Address 3 Acorn Street		Street Address 3 ACORN STREET			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Chad R. Mollica		Director Name .			
Street Address 3 Acorn Street		Street Address .			
City Providence	State RI	Zip 02903	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
10,000		\$.01 PAR VALUE	8,213	Common	\$.01

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



* 8 0 5 2 0 *

80520 DBC2/3/032:58:27 PM

File Date 1-17-03

Check No. 4070

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] 3/1/03
Date
Signature of Officer
Chad R. Mollica
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. **80520**
2. Name of Corporation **Style Accessories, Inc.**
3. Street Address Principal Business Office
3 Acorn Street
4. Business Phone No. **(401) 831-3308**
5. State of Incorporation **RHODE ISLAND**

City **Providence** State **RI** Zip **02903**
6. SIC Code **2618**

7. Brief Description of the Character of Business Conducted in Rhode Island
Manufacture, sale and distribution of jewelry

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

President Name **Chad R. Mollica**
Street Address
3 Acorn Street
City **Providence** State **RI** Zip **02903**

Vice President Name
Street Address
City State Zip

Secretary Name **Chad R. Mollica**
Street Address
3 Acorn Street
City **Providence** State **RI** Zip **02903**

Treasurer Name
Chad R. Mollica
Street Address
3 Acorn Street
City **Providence** State **RI** Zip **02903**

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

Director Name **Chad R. Mollica**
Street Address
3 Acorn Street
City **Providence** State **RI** Zip **02903**

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
10,000 \$.01 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
8,213 Common \$.01

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



* 8 0 5 2 0 *

File Date: 6.24.02
Check No.: 2584
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.

[Signature] Date 2/15/02
Signature of Officer Chad R. Mollica

Print or Type Name of Officer
President

Title of Officer



Style Incorporated

3 Acorn Street
Providence, RI 02903
Tel: 401-831-3308
Fax: 401-831-0914
E-mail Address
sales@stylefashioninc.com

389 Fifth Avenue
Suite 800
New York, NY 10016

STYLE ACCESSORIES, INC.

ACTION BY CONSENT OF THE SHAREHOLDERS

The undersigned, being all of the shareholders of Style Accessories, Inc., a Rhode Island corporation (the "Corporation"), hereby consent to the following actions and adopt the following votes:

VOTED: That the number of directors constituting the Board of Directors of the Corporation be, and it hereby is set at 1.

VOTED: That the following persons be, and they hereby are, elected to the Board of Directors of the Corporation, each to serve the Corporation in accordance with its By-laws:

Chad R. Mollica

This writing shall be filed with the records of the meetings of the Corporation and shall for all purposes be treated as action taken and votes adopted at a meeting of the shareholders duly called, noticed and held.


Chad R. Mollica

Dated: 2/5/02



Style Incorporated

3 Acorn Street
Providence, RI 02903
Tel: 401-831-3308
Fax: 401-831-0914
E-mail Address
sales@stylefashioninc.com

389 Fifth Avenue
Suite 800
New York, NY 10016

STYLE ACCESSORIES, INC.

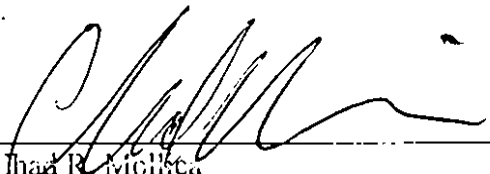
ACTION BY CONSENT OF THE SHAREHOLDERS

The undersigned, being all of the shareholders of Style Accessories, Inc., a Rhode Island corporation (the "Corporation"), hereby consent to the following actions and adopt the following votes:

VOTED: That the following persons be, and they hereby are, elected to the offices set forth opposite their respective names, each to serve the Corporation in accordance with its By-laws:

President - Chad R. Mollica
Secretary - Chad R. Mollica
Treasurer - Chad R. Mollica

This writing shall be filed with the records of the meetings of the Corporation and shall for all purposes be treated as action taken and votes adopted at a meeting of the shareholders duly called, noticed and held.



Chad R. Mollica

Dated:

2/15/02



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. **80520** 2. Name of Corporation **Style Accessories, Inc.**

3. Street Address Principal Business Office **3 Acorn Street** City **Providence** State **RI** Zip **02903**
4. Business Phone No. **(401) 831-3308** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2618**

7. Brief Description of the Character of Business Conducted in Rhode Island
Manufacture, sale and distribution of jewelry.

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

President Name	Vice President Name
Chad R. Mollica	
Street Address	Street Address
3 Acorn Street	
City State Zip	City State Zip
Providence RI 02903	
Secretary Name	Treasurer Name
Chad R. Mollica	Chad R. Mollica
Street Address	Street Address
3 Acorn Street	3 Acorn Street
City State Zip	City State Zip
Providence RI 02903	Providence RI 02903

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

Director Name	Director Name
Chad R. Mollica	
Street Address	Street Address
3 Acorn Street	
City State Zip	City State Zip
Providence RI 02903	
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
10,000 \$.01 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
8,213 Common \$.01

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



* 8 0 5 2 0 *

File Date: 3/2/01

Check No.: 18981

By: KD

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]
Signature of Officer Date

Chad R. Mollica
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. **80520** 2. Name of Corporation **Style Accessories, Inc.**

3. Street Address Principal Business Office **3 Acorn Street** City **Providence** State **RI** Zip **02903**
4. Business Phone No. **(401) 831-3308** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2618**

7. Brief Description of the Character of Business Conducted in Rhode Island
Manufacture, sale and distribution of jewelry

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

President Name **Chad R. Mollica**
Street Address **3 Acorn Street**
City **Providence** State **RI** Zip **02903**

Vice President Name
Street Address
City State Zip

Secretary Name **Chad R. Mollica**
Street Address **3 Acorn Street**
City **Providence** State **RI** Zip **02903**

Treasurer Name **Chad R. Mollica**
Street Address **3 Acorn Street**
City **Providence** State **RI** Zip **02903**

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

Director Name **Chad R. Mollica**
Street Address **3 Acorn Street**
City **Providence** State **RI** Zip **02903**

Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
10,000 SHS \$.01 PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
8,213 Common \$.01

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



File Date: **FILED**
Check No.: **FEB 29 2000**
By: **By [Signature] 17001**
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]** Date **2/25/00**
Chad R. Mollica
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 99
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **80520** 2. Name of Corporation **Style Accessories, Inc.**
3. Street Address Principal Business Office **3 Acorn Street** City **Providence** State **RI** Zip **02903**
4. Business Phone No. **(401) 831-3308** 5. State of Incorporation **Rhode Island** 6. SIC Code **2618**

7. Brief Description of the Character of Business Conducted in Rhode Island
Manufacture, sale and distribution of jewelry

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

President Name Chad R. Mollica Street Address 3 Acorn Street City Providence State RI Zip 02903	Vice President Name Chad R. Mollica Street Address 3 Acorn Street City Providence State RI Zip 02903
Secretary Name Chad R. Mollica Street Address 3 Acorn Street City Providence State RI Zip 02903	Treasurer Name Chad R. Mollica Street Address 3 Acorn Street City Providence State RI Zip 02903

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

Director Name Chad R. Mollica Street Address 3 Acorn Street City Providence State RI Zip 02903	Director Name Chad R. Mollica Street Address 3 Acorn Street City Providence State RI Zip 02903
Director Name Chad R. Mollica Street Address 3 Acorn Street City Providence State RI Zip 02903	Director Name Chad R. Mollica Street Address 3 Acorn Street City Providence State RI Zip 02903

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
10,000 SHS \$.01 PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
8,213 Common \$.01

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

File Date: Mar 2, 99
Check No.: 10118
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.

Signature of Officer: [Signature] Date: 2/26/99
Chad R. Mollica
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 98

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **80520** 2. Name of Corporation **Style Accessories, Inc.**

3. Street Address Principal Business Office **3 Acorn Street** City **Providence** State **Rhode Island** Zip **02903**

4. Business Phone No. **(401) 831-3308** 5. State of Incorporation **Rhode Island** 6. SIC Code **2618**

7. Brief Description of the Character of Business Conducted in Rhode Island
Manufacture, sale and distribution of jewelry

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

President Name **Chad R. Mollica**
Street Address **3 Acorn Street**
City **Providence** State **Rhode Island** Zip **02903**

Vice President Name
Street Address
City State Zip

Secretary Name **Chad R. Mollica**
Street Address **3 Acorn Street**
City **Providence** State **Rhode Island** Zip **02903**

Treasurer Name **Chad R. Mollica**
Street Address **3 Acorn Street**
City **Providence** State **Rhode Island** Zip **02903**

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

Director Name **Chad R. Mollica**
Street Address **3 Acorn Street**
City **Providence** State **Rhode Island** Zip **02903**

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
10,000 SHS \$.01 PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
8,213 Common \$.01

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

File Date: 5/19/98
Check No.: 2722

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 [Signature] Date 5/14/98

Chad R. Mollica
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. Corporation ID No. **80520** 2. Name of Corporation **Style Accessories, Inc.**

3. Street Address Principal Business Office **1515 Elmwood Avenue** City **Cranston** State **RI** Zip **02910**
4. Business Phone No. **(401) 941-3350** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2618**

7. Brief Description of the Character of Business Conducted in Rhode Island
Manufacture, sale and distribution of jewelry

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

President Name Chad R. Mollica	Vice President Name
Street Address 1515 Elmwood Avenue	Street Address
City State Zip Cranston RI 02910	City State Zip
Secretary Name Chad R. Mollica	Treasurer Name Chad R. Mollica
Street Address 1515 Elmwood Avenue	Street Address 1515 Elmwood Avenue
City State Zip Cranston RI 02910	City State Zip Cranston RI 02910

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

Director Name Chad R. Mollica	Director Name
Street Address 1515 Elmwood Avenue	Street Address
City State Zip Cranston RI 02910	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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
10,000 SHS	\$.01 PAR VAL		7,751	Common	\$.01

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



File Date: 1/14/97
Check No.: 7567

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] 1/7/97
Signature of Officer Date

Chad R. Mollica

Print or Type Name of Officer

President

Title of Officer

**PROFIT CORPORATION
ANNUAL REPORT**

1996



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

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 2. NAME OF CORPORATION
80520 Style Accessories, Inc.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE CITY STATE ZIP CODE
4 River Oak Road Barrington RI 02806

4. BUSINESS PHONE NO. 5. STATE OF INCORPORATION 6. SIC CODE
RHODE ISLAND

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Buy, sell, manufacture, distribute, import and export jewelry and related accessories

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME VICE PRESIDENT NAME
Chad R. Mollica

STREET ADDRESS STREET ADDRESS
4 River Oak Road

CITY STATE ZIP CODE CITY STATE ZIP CODE
Barrington RI 02806

SECRETARY NAME TREASURER NAME
Chad R. Mollica Chad R. Mollica

STREET ADDRESS STREET ADDRESS
As above As above

CITY STATE ZIP CODE CITY STATE ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME DIRECTOR NAME
Chad R. Mollica

STREET ADDRESS STREET ADDRESS
As above

CITY STATE ZIP CODE CITY STATE ZIP CODE

DIRECTOR NAME DIRECTOR NAME

STREET ADDRESS STREET ADDRESS

CITY STATE ZIP CODE CITY STATE ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
10,000 SHS	\$.01 PAR VAL		100	Common	\$0.01

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:

7/22/96

Check No:

1297

By:

CFB

For Secretary of State Use Only

Signature of Officer

Chad R. Mollica
CHAD R. MOLLIKA

President
Title of Officer

5/28/96
Date

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 80520 Annual Report for the year: 1995

Name of Corporation: **Style Accessories, Inc.**
 Business entity organized under the laws of the State of: **Rhode Island**
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Brief statement of the character of business conducted in Rhode Island:
Buy, sell, manufacture, distribute, import, export jewelry and related accessories

**4 River Oak Road
 Barrington, RI 02806**
 Phone: ()

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT Chad R. Mollica	4 River Oak Rd., Barrington,	RI	02806
VICE PRESIDENT			
SECRETARY Chad R. Mollica	4 River Oak Rd., Barrington,	RI	02806
TREASURER Chad R. Mollica	4 River Oak Rd., Barrington,	RI	02806

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Chad R. Mollica	4 River Oak Rd., Barrington,	RI	02806

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
10,000.00	Common	100.00	Common

Date 3/1, 19 95

By: Chad R. Mollica
 PRINT OR TYPE NAME OF OFFICER SIGNING **CHAD R. MOLLICCA**
 TITLE OF OFFICER SIGNING **PRESIDENT**

Form 31 1-95
DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed

FILED
MAR 2 1995
 By [Signature] # 1557