



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 ID No. 73873		2. Name of Corporation WINKLER GROUP, LTD.			
3. Street Address Principal Business Office 54 TAYLOR DRIVE		City EAST PROVIDENCE	State RI	Zip 02916-	
4. Business Phone No. 401 272 2885		5. State of Incorporation RHODE ISLAND		6. SIC Code 1883	
7. Brief Description of the Character of Business Conducted in Rhode Island DEALING IN JEWELRY AND ACCESSORIES OF EVERY TYPE.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name NORMA WINKLER		Vice President Name N/A			
Street Address 55 HAZARD AVENUE		Street Address			
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
Secretary Name HEIDI WINKLER LOOMIS		Treasurer Name TRACI WINKLER MACERONI			
Street Address 16 FREEMAN PKWY		Street Address 141 FREEMAN PKWY			
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 NORMA WINKLER		Director Name TRACI WINKLER MACERONI			
Street Address 55 HAZARD AVENUE		Street Address 141 FREEMAN PKWY			
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
Director Name HEIDI WINKLER LOOMIS		Director Name			
Street Address 16 FREEMAN PKWY		Street Address			
City PROVIDENCE	State RI	Zip 02906	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
8,000	\$1.00 PAR VALUE		700	COMMON	\$1.00

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



7 3 8 7 3

73873 DBC 01/09/04 03:24:37 PM

File Date 1/31/05

Check No. 5771

By: DA

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

Print or Type Name of Officer

Title of Officer

Form 630 12/01



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. 73873		2. Name of Corporation WINKLER GROUP, LTD.			
3. Street Address Principal Business Office 54 TAYLOR DRIVE			City EAST PROVIDENCE	State RI	Zip 02916-
4. Business Phone No. 401 272 2885		5. State of Incorporation RHODE ISLAND			6. SIC Code 1883
7. Brief Description of the Character of Business Conducted in Rhode Island DEALING IN JEWELRY AND ACCESSORIES OF EVERY TYPE.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name NORMA WINKLER			Vice President Name N/A		
Street Address 55 HAZARD AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
Secretary Name HEIDI WINKLER LOOMIS			Treasurer Name TRACI WINKLER MACERONI		
Street Address 16 FREEMAN PKWY			Street Address 141 FREEMAN PKWY		
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 NORMA WINKLER			Director Name TRACI WINKLER MACERONI		
Street Address 55 HAZARD AVENUE			Street Address 141 FREEMAN PKWY		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
Director Name HEIDI WINKLER LOOMIS			Director Name		
Street Address 16 FREEMAN PKWY			Street Address		
City PROVIDENCE	State RI	Zip 02906	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		
700		COMMON	\$1.00		

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



FILED

JAN 22 2004

73873 DBC 01/09/04 03:24:37 PM

File Date

By

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

Date

Print or Type Name of Officer

Title of Officer

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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

73873

2. Name of Corporation

WINKLER GROUP, LTD.

3. Street Address Principal Business Office

54 Taylor Drive

City

State

Zip

East Providence RI

02916

4. Business Phone No.

401-272-2885

5. State of Incorporation

RHODE ISLAND

6. SIC Code

1883

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

Costume Jewelry Manufacturer

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

President Name

Norma Winkler

Vice President Name

Street Address

55 Hazard Avenue

Street Address

City

State

Zip

Providence RI 02906

City

State

Zip

Secretary Name

Heidi Winkler Loomis

Treasurer Name

Traci Winkler Maceroni

Street Address

16 Freeman Pkwy.

Street Address

141 Freeman Pkwy.

City

State

Zip

Providence RI 02906

City

State

Zip

Providence RI 02906

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

Director Name

Norma Winkler

Director Name

Traci Winkler Maceroni

Street Address

55 Hazard Avenue

Street Address

141 Freeman Pkwy.

City

State

Zip

Providence RI 02906

City

State

Zip

Providence RI 02906

Director Name

Heidi Winkler Loomis

Director Name

Street Address

16 Freeman Pkwy.

Street Address

City

State

Zip

Providence RI 02906

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

700 Shares Common \$1.00

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



* 7 3 8 7 3 *

File Date: 1-21-03

Check No.: 3882

By: UP

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

Heidi Winkler Loomis

Date

1/15/03

Print or Type Name of Officer

Secretary

Title of Officer



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.

73873

2. Name of Corporation

WINKLER GROUP, LTD.

3. Street Address Principal Business Office

321 VEAZIE STREET

City

PROVIDENCE

State

RI

Zip

02904

4. Business Phone No.

401-272-2885

5. State of Incorporation

RHODE ISLAND

6. SIC Code

1883

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

COSTUME JEWELRY MANUFACTURER

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

President Name

NORMA WINKLER

Vice President Name

Street Address

55 HAZARD AVENUE

Street Address

City

PROVIDENCE

State

RI

Zip

02906

City

State

Zip

Secretary Name

HEIDI WINKLER LOOMIS

Treasurer Name

TRACI WINKLER MACERONI

Street Address

16 FREEMAN PKWY.

Street Address

141 FREEMAN PKWY.

City

PROVIDENCE

State

RI

Zip

02906

City

PROVIDENCE

State

RI

Zip

02906

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

Director Name

NORMA WINKLER

Director Name

TRACI WINKLER MACERONI

Street Address

55 HAZARD AVENUE

Street Address

141 FREEMAN PKWY.

City

PROVIDENCE

State

RI

Zip

02906

City

PROVIDENCE

State

RI

Zip

02906

Director Name

HEIDI WINKLER LOOMIS

Director Name

Street Address

16 FREEMAN PKWY.

Street Address

City

PROVIDENCE

State

RI

Zip

02906

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

700 SHARES

COMMON

\$1.00

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



* 7 3 8 7 3 *

File Date:

1-23-02
3363

Check No.:

2

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 the statements contained herein are true and correct.

Signature of Officer

HEIDI WINKLER LOOMIS

Date

1-8-02

Print or Type Name of Officer

SECRETARY

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. **73873** 2. Name of Corporation **WINKLER GROUP, LTD.**

3. Street Address Principal Business Office **321 VEAZIE STREET** City **PROVIDENCE** State **RI** Zip **02904**
4. Business Phone No. **401-272-2885** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1883**

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

COSTUME JEWELRY MANUFACTURER

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

President Name NORMA WINKLER Street Address 55 HAZARD AVENUE City PROVIDENCE State RI Zip 02906	Vice President Name Street Address City State Zip
Secretary Name HEIDI WINKLER LOOMIS Street Address 16 FREEMAN PKWY. City PROVIDENCE State RI Zip 02906	Treasurer Name TRACI WINKLER MACERONI Street Address 144 FREEMAN PKWY. City PROVIDENCE State RI Zip 02906

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

Director Name HEIDI WINKLER LOOMIS Street Address 16 FREEMAN PKWY. City PROVIDENCE State RI Zip 02906	Director Name TRACI WINKLER MACERONI Street Address 144 FREEMAN PKWY. City PROVIDENCE State RI Zip 02906
Director Name NORMA WINKLER Street Address 55 HAZARD AVE. City PROVIDENCE State RI Zip 02906	

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 SHS \$1.00 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
700 Shares Common \$1.00 Par Value

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



* 7 3 8 7 3 *

File Date: **1/16**

Check No.: **2842**

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

Print or Type Name of Officer

Title of Officer

HEIDI WINKLER LOOMIS
Secretary



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

REC

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. **73873** 2. Name of Corporation **WINKLER GROUP, LTD.**

3. Street Address Principal Business Office

City

State

Zip

4. Business Phone No. **321 Veazie Street**

5. State of Incorporation
RHODE ISLAND

Providence

RI

02904
1883

401-272-2885

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

Costume Jewelry Manufacturer

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

President Name

Norma Winkler

Vice President Name

Street Address

55 Hazard Avenue

Street Address

City

State

Zip

Providence RI 02906

City

State

Zip

Secretary Name

Heidi Winkler Loomis

Treasurer Name

Traci Winkler Maceroni

Street Address

16 Freeman Pkwy.

Street Address

144 Freeman Pkwy.

City

State

Zip

Providence RI 02906

City

State

Zip

Providence RI 02906

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

Director Name

Heidi Winkler Loomis

Director Name

Traci Winkler Maceroni

Street Address

16 Freeman Pkwy.

Street Address

144 Freeman Pkwy.

City

State

Zip

Providence RI 02906

City

State

Zip

Providence RI 02906

Director Name

Norma Winkler

Director Name

Street Address

55 Hazard Ave

Street Address

City

State

Zip

Providence RI 02906

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 SHS \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

700 Shs Common \$1.00 PAR VALUE

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



* 7 3 8 7 3 *

File Date: **PAID 10/26/00**

Check No.: **FEB 14 2000**

By: **SEC'Y OF STATE**

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

Print or Type Name of Officer

Title of Officer

Heidi Winkler Loomis
CEO / Secy.



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. 73873		2. Name of Corporation WINKLER GROUP, LTD.	
3. Street Address Principal Business Office 321 Veazie St		City Providence	State RI
4. Business Phone No. 401 272 2885		5. State of Incorporation RHODE ISLAND	6. SIC Code 1883
7. Brief Description of the Character of Business Conducted in Rhode Island Costume Jewelry Manufacturer			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Norma Winkler		Vice President Name	
Street Address 55 Hazard Ave		Street Address	
City Providence	State RI	City	State
Zip 02906		Zip	
Secretary Name Heidi Winkler Loomis		Treasurer Name Traci Winkler Maceroni	
Street Address 16 Freeman Pkwy		Street Address 141 Freeman Pkwy	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	Number of Shares	Class/Series
8,000 SHS \$1.00 PAR VALUE		700 Shs	Common
			\$1.00 par value

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



File Date: **1-19-99**
Check No.: **1186**
By: **160**

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: **Heidi Winkler Loomis**
Date: **1-16-99**
Print or Type Name of Officer: **Heidi Winkler Loomis**
Title of Officer: **CFO / Secretary**



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

RECEIVED DEC 18 1997

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. **73873** 2. Name of Corporation **WINKLER GROUP, LTD.**

3. Street Address Principal Business Office

321 Veazie Street

City

Providence

State

RI

Zip

02904

4. Business Phone No.

401-272-2885

5. State of Incorporation

RHODE ISLAND

6. SIC Code

1883

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

Costume Jewelry Manufacturer

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

President Name

Norma Winkler

Vice President Name

Street Address

55 Hazard Ave

Street Address

City

Providence

State

RI

Zip

02906

City

State

Zip

Secretary Name

Heidi Winkler Loomis

Treasurer Name

Traci Winkler Maceroni

Street Address

16 Freeman Parkway

Street Address

141 Freeman Parkway

City

Providence

State

RI

Zip

02906

City

State

Zip

Providence RI

02906

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

Director Name

N/A

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)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 SHS \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

700 shs

common

\$1.00 par value

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



* 7 3 8 7 3 *

File Date: **1-1-98**

Check No.: **23822**

By: **WD**

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

12/17/97

Print or Type Name of Officer

Heidi Winkler Loomis

Title of Officer

CFO Secretary



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 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 73873 2. Name of Corporation WINKLER GROUP, LTD.

3. Street Address Principal Business Office 321 Veazie Street Providence, RI 02903
4. Business Phone No. 401-272-2885 5. State of Incorporation RHODE ISLAND 6. SIC Code 1883

7. Brief Description of the Character of Business Conducted in Rhode Island
Costume Jewelry Manufacturer (developing, importing, selling) retail & wholesale

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

President Name Norma Winkler Vice President Name
Street Address 55 Hazard Avenue Street Address
City Providence State RI Zip 02906 City State Zip
Secretary Name Heidi J Loomis Treasurer Name Traci B. Maceroni
Street Address 16 Freeman Parkway Street Address 141 Freeman Parkway
City Providence State RI Zip 02906 City State RI Zip 02906

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

Director Name N/A 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 AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS		\$1.00 PAR VALUE	700 shs	common	\$1.00 par value

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



File Date: 1/2/97
Check No.: 23364
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.

December 27, 1996
Signature of Officer Heidi J Loomis Date
Print or Type Name of Officer Secretary/CFO
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. 73873		2. NAME OF CORPORATION WINKLER GROUP, LTD.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 321 Veazie Street		CITY Providence	STATE RI
4. BUSINESS PHONE NO. (401) 272-2885		5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE 1883

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED BY RHODE ISLAND
Developing, buying, importing, selling and marketing jewelry and accessories (retail & wholesale)

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Norma Winkler			VICE PRESIDENT NAME		
STREET ADDRESS 55 Hazard Avenue			STREET ADDRESS		
CITY Providence	STATE RI	ZIP CODE 02906	CITY	STATE	ZIP CODE
SECRETARY NAME Heidi J Loomis			TREASURER NAME Traci Winkler Maceroni		
STREET ADDRESS 16 Freeman Parkway			STREET ADDRESS 141 Freeman Parkway		
CITY Providence	STATE RI	ZIP CODE 02906	CITY Providence	STATE RI	ZIP CODE 02906

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME N/A			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
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
8,000 SHS	\$1.00 PAR VALUE		700 shs	common	\$1.00 par value

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: 1/29/96

Check No: 2296.3

By: *(Signature)*
For Secretary of State Use Only

Signature of Officer

Print or Type Name of Officer

Title of Officer

Sec'y / C.F.O.

Heidi Winkler Loomis

12/20/95
Date

State of Rhode Island and Providence Plantations



Office of The Secretary of State

100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

ANNUAL REPORT

Please Type or Print
File Annually - Jan. 1 - March 1
Filing Fee \$50.00
Make Checks Payable to: Secretary of State

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

0073673

1995

Corporate ID: _____ Annual Report for the year: _____

WINKLER GROUP, LTD.

Name of Corporation: _____

Business entity organized under the laws of the State of: Rhode Island

Business Entity is (check one):

For foreign entity, address and telephone number of principal office:

☒ Business Corporation (See RIGL Chapter 7-1.1)☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

N/A

Phone: ()

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

321 Veazie Street
Providence, RI 02904

Brief statement of the character of business conducted in Rhode Island:
All aspects of the business of Developing,
buying, importing, selling and marketing at
retail and at wholesale, jewelry and accessories
of every type and description; and rendering
services related thereto.

Phone: (401) -272-2885

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Norma Winkler	55 Hazard Avenue,	Providence, RI	02906
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Traci Winkler Maceroni	141 Freeman Parkway	Providence, RI	02906

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
N/A			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

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

8,000

Common
\$1.00 par value

700

Common
\$1.00 par value

Date: 1/9, 19 95

By:

Heidi J Loomis

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

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.

NORMA WINKLER
321 VEAZIE STREET
PROVIDENCE RI 02904

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE OR PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401 277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0073873 Annual Report for the year: 1994

Name of Business Entity: WINKLER GROUP, LTD.

Business entity organized under the laws of the State of Rhode Island

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

N/A

Phone: ()

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

321 Veazie Street
Providence, RI 02904

Phone: (401) 272-2885

Business Entity is (check one):

- ☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Heidi J Loomis, Secretary
Winkler Group, Ltd.
321 Veazie Street
Providence, RI 02904

Brief statement of the character of business conducted in Rhode Island:
Jewelry importation and sale.

Date of Organization: June 29, 1993 *6/29/93 CCR*

Date of Qualification to do business in Rhode Island (if foreign entity):
N/A

THE NAMES OF THE OFFICERS ARE:

☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE

Norma Winkler, 55 Hazard Avenue, Providence, Rhode Island 02906

☐ CHIEF OPERATING OFFICER OR ☐ VICE PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE

☐ CUSTODIAN OF RECORDS OR ☒ SECRETARY (Check One) STREET ADDRESS CITY/STATE ZIP CODE

Heidi J Loomis, 549 Wayland Avenue, Providence, Rhode Island 02906

☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (Check One) STREET ADDRESS CITY/STATE ZIP CODE

Traci B. Macaroni, 34 Farnes Street, Providence, Rhode Island 02906

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

NONE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 8,000 shares

CLASS common

SERIES n/a

PAR VALUE OR
WITHOUT PAR \$1.00 par value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 700 shares

CLASS common

SERIES n/a

PAR VALUE OR
WITHOUT PAR \$1.00 par value

Date 2/1, 19 94

By [Signature]

HEIDI J LOOMIS

PRINT OR TYPE NAME OF OFFICER SIGNING

SECRETARY OF WINKLER GROUP, LTD.

TITLE OF OFFICER SIGNING

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

NORMA WINKLER
321 VEAZIE STREET
PROVIDENCE RI 02904