

## 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

PRÖFIT	<b>CORPORATION</b>	ANNUAL REY	PORT FOR	THE YEAR	2005
	January J. March J. 6				

I. Corporate ID No.	2. Name of Corpor	ation				
73873	WINKLER G	ROUP, LTD.				
3. Street Address Principal	Business Office		City	State	Zip	
54 TAYLOR DRIV	Æ		EAST PROVIDENCE	RI	02916-	
4. Business Phone No.		5. State of Incorporation	<del> </del>		6. SIC Code	
401 272 2885		RHODE ISLAND			1883	
	Character of Business Cond LRY AND ACCESSORI					
8. NAMES AND ADD	RESSES OF THE OFF	ICERS ("X" BOX FOR ATTA	CHMENT)   FILL IN SPACE	S BEFORE USING AT	ITACHMENTS	
President Name		e ne estadiri ⇔etitioni attivitationi	Vice President Name		,	
NORMA WINKLER			.N/A			
Street Address			Street Address		····	
55 HAZARD AVEN	UE .		•			
City	State	Zip	City	State	Zip	
PROVIDENCE	RI	02906	•	1		
ecretary Name			Treasurer Name			
HEIDI WINKLER	LOOMIS		TRACI WINKLER MAC	ERONI		
Street Address	· · · · · · · · · · · · · · · · · · ·		Sirees Address			
16 FREEMAN PKW	Y		.141 FREEMAN PKWY			
City	State	Zip	City	State	Zip	
PROVIDENCE	. RI	02906	. PROVIDENCE	RI	02906	
	RESSES OF THE DIR	CTORS ("X" BOX FOR AT	TACHMENT) 🗌 FILL IN SPA	CES BEFORE USING	ATTACHMENTS	
Director Name		· · ·	Director Name			
				FPONT		
NORMA WINKLER			TRACI WINKLER MAC	EKONI		
		***************************************	· TRACI WINKLER MAC	EKOWI	<del></del>	
Sireei Address	ue		<del> </del>	<u> </u>	<del></del>	
Sireei Address 55 HAZARD AVEN	UE   State	Zip	· Sireei Address	State	Zip	
Sireei Address 55 HAZARD AVENI City	<del></del>	Zip   02906	Sireei Address 141 FREEMAN PKWY		Zip   02906	
Sircei Address 55 HAZARD AVENT City PROVIDENCE	State		Sireei Address 141 FREEMAN PKWY City	State	•	
Sircei Address 55 HAZARD AVENT City PROVIDENCE Director Name	State RI		Sireei Address 141 FREEMAN PKWY City PROVIDENCE	State	•	
Sircei Address 55 HAZARD AVENT City PROVIDENCE Director Name HEIDI WINKLER	State RI		Sireei Address 141 FREEMAN PKWY City PROVIDENCE	State	•	
Street Address 55 HAZARD AVENT City PROVIDENCE Director Name HEIDI WINKLER Street Address	State RI LOOMIS		Sireei Address  141 FREEMAN PKWY  City PROVIDENCE Director Name	State	•	
Street Address 55 HAZARD AVENT City PROVIDENCE Director Name HEIDI WINKLER Street Address 16 FREEMAN PKW	State RI LOOMIS		Sireei Address  141 FREEMAN PKWY  City PROVIDENCE Director Name	State	•	
Street Address 55 HAZARD AVENT City PROVIDENCE Director Name HEIDI WINKLER Street Address 16 FREEMAN PKW	State RI LOOMIS	02906	Sireet Address  141 FREEMAN PKWY  City PROVIDENCE Director Name Street Address	State RI	02906	
Street Address 55 HAZARD AVENT City PROVIDENCE Director Name HEIDI WINKLER Street Address 16 FREEMAN PKW City PROVIDENCE	State RI LOOMIS Y	02906 Zip 02906	Sireet Address  141 FREEMAN PKWY  City PROVIDENCE Director Name Street Address	State RI State	02906	
Street Address 55 HAZARD AVENT City PROVIDENCE Director Name HEIDI WINKLER Street Address 16 FREEMAN PKW City PROVIDENCE 10. SHARES AUTHO AUTHORIZED SHARES	State RI LOOMIS Y	02906   Zip   02906   ATTACHMENT)	Sireei Address  141 FREEMAN PKWY  City PROVIDENCE Director Name  Street Address City  11. SHARES ISSUED ("X" B ISSUED SHARES	State RI State OX FOR ATTACHMEN	02906	
Street Address 55 HAZARD AVENT City PROVIDENCE Director Name HEIDI WINKLER Street Address 16 FREEMAN PKW City PROVIDENCE 10. SHARES AUTHO AUTHORIZED SHARES	State RI LOOMIS Y	02906 Zip 02906	Sireei Address  141 FREEMAN PKWY  City PROVIDENCE Director Name  Street Address City  11. SHARES ISSUED ("X", B	State RI State	02906	
Street Address 55 HAZARD AVENT City PROVIDENCE Director Name HEIDI WINKLER Street Address 16 FREEMAN PKW City PROVIDENCE 10. SHARES AUTHO AUTHORIZED SHARES Muniber of Shares	State RI  LOOMIS  Y  State RI  PRIZED ("X" BOX FOR.  Class(Series	02906   Zip   02906   ATTACHMENT)	Sireei Address  141 FREEMAN PKWY  City PROVIDENCE Director Name  Street Address City  11. SHARES ISSUED ("X", B ISSUED SHARES Number of Shares	State RI  State  OX FOR ATTACHMEN  Class/Series	7.ip	
Street Address 55 HAZARD AVENT City PROVIDENCE Director Name HEIDI WINKLER Street Address 16 FREEMAN PKW City PROVIDENCE 10. SHARES AUTHO AUTHORIZED SHARES Miniber of Shares	State RI  LOOMIS  Y  State RI  PRIZED ("X" BOX FOR.  Class(Series	02906   Zip   02906   ATTACHMENT)	Sireei Address  141 FREEMAN PKWY  City PROVIDENCE Director Name  Street Address City  11. SHARES ISSUED ("X" B ISSUED SHARES	State RI State OX FOR ATTACHMEN	7.ip	
NORMA WINKLER Street Address 55 HAZARD AVENT City PROVIDENCE Director Name HEIDI WINKLER Street Address 16 FREEMAN PKW City PROVIDENCE 10. SHARES AUTHO AUTHORIZED SHARES Mumber of Shares 8,000 \$1.00 PAR V	State RI  LOOMIS  Y  State RI  PRIZED ("X" BOX FOR.  Class(Series	02906   Zip   02906   ATTACHMENT)	Sireei Address  141 FREEMAN PKWY  City PROVIDENCE Director Name  Street Address City  11. SHARES ISSUED ("X", B ISSUED SHARES Number of Shares	State RI  State  OX FOR ATTACHMEN  Class/Series	7.ip	

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$B_{Y}$ $DA$						
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.

Signatyle of

Form 630 12/01



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 I 🍨 Fili.	ng Fee: \$50.00			
(FORM MUST BE TYPED IN B					
1. Corporate ID No. 73873	2. Name of Corporal WINKLER GR				
3. Street Address Principal Busin	!		City	State	Zip
54 TAYLOR DRIVE	cas ogner		EAST PROVIDENCE	RI	102916-
4. Business Phone No.		5. State of Incorpora			6. SIC Code
401 272 2885		RHODE ISLA			1883
7. Brief Description of the Chara	ores of Business Condu	t t	<del></del>		1003
DEALING IN JEWELRY					
8. NAMES AND ADDRESS	SES OF THE OFFIC	ERS ("X" BOX FOR	ATTACHMENT)   FILL IN SPACE	S BEFORE USING AT	TACHMENTS
President Name			Vice President Name		
NORMA WINKLER			. N/A		
Sircei Address 55 HAZARD AVENUE			Street Address		
·	To:		·		10:
City	State	Zip	City	State	Zip
PROVIDENCE   Secretary Name	RI	02906	Tréasurer Name		
Gecretary Mame HEIDI WINKLER LOOM	ar c		TRACI WINKLER MAC	EDONT	
<u> </u>	112	· · · · · · · · · · · · · · · · · · ·	<del> </del>	EKONI	
Street Address 16 FREEMAN PKWY			Street Address	•	
t	10		.141 FREEMAN PKWY		la.
!City . PROVIDENCE	State RI	Zip	City	State	Zip
		02906	PROVIDENCE	RI	02906
- 9. NAMES AND ADDRESS Director Name	SE2 OF THE DIKE	LIOKŠ ("X" BOX FO	RATTACHMENT)   FILL IN SPA	CES BEFORE USING	ATTACHMENTS _
NORMA WINKLER			'TRACI WINKLER MAC	EDONT	
Street Address			· Street Address	EKONI	····
•			141 FREEMAN PKWY		
55 HAZARD AVENUE	le:	14.			<del></del>
City PROVIDENCE	State R I	<i>Zip</i> 02906	*City * PROVIDENCE	State RI	Zip
Director Name	J	. 102300			02906
HEIDI WINKLER LOOM	110		• Director Name •		
Street Address	11 3		· Sireei Address		
16 FREEMAN PKWY			· Sireel Maaress		
City	State	Zip	·City	State	Zip
PROVIDENCE	RI	02906	•		
10. SHARES AUTHORIZE	D CYTROY FOR AT	'	11. SHARES ISSUED ("X" B	OY FOR ATTACUMEN	
AUTHORIZED SHARES	TA HONTON	TACIMETAL L	ISSUED SHARES	ON FOR ATTACHMEN	″⊔
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	TPar Value
,	·····	<del></del>	<del></del>		
8,000 \$1.00 PAR VALUI	E 	1 - · · · · · · · · · · · · · · · · · ·	700	COMMON	\$1.00
This report must be siene	d in ink by either	the President Vice	President, Secretary, Assistar	t Secretary Treasu	rer. Receiver or Trustee
	by		Troblacin, Georgiany, Massona.	000,000,000	ici, meetiver or irusiee
		==			
		FILED	•		•
7 3 8	7 3		Under penalty of perjury	, I declare and affirm t	hat I have examined
	ΙΙΔ	M22 2004	this report/including an		
*73873 DBC 01/09/04 (	03:24:37 PM*		and that all statements c	ondined herein are tru	e and correct.
*73873 DBC 01/09/04 (	Ву	l con	11/	<b>^</b> .	1 11/
File Date				<del></del>	1-20-04
Check No. 520			Signatury Officer		Date ,
			# HELVI DI	UKION LOO	മുട്
B <sub>V</sub> ;			Print or Type Name of VIII	cer ' ' /	1.1
FOR SECRETARY OF STATE	HER ONLY	-	\ /	CFO/.SA	c'tu.
TOR SECRETARY OF STATE	OSE ONET		Title of Officer	<del>~~</del>	Form 630 12/01

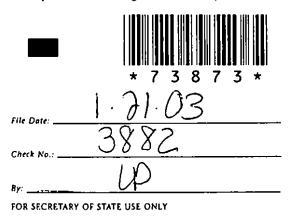
Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 73873 WINKLER GROUP, LTD. City State Zip 3. Street Address Principal Business Office 54 Taylor Drive 02916 East Providence RI 5. State of Incorporation 4. Rusiness Phone No. 1883 401-272-2885 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island Costume Jewelry Manufacturer FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Norma Winkler Street Address Street Address 55 Hazard Avenue Zip City State RI Providence 02906 Treasurer Name Secretary Name Heidi Winkler Loomis Traci Winkler Maceroni Street Address 16 Freeman Pkwy. 141 Freeman Pkwy. Zip City Providence RI 02906 Providence 02906 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Norma Winkler Traci Winkler Maceroni Street Address 55 Hazard Avenue 141 Freeman Pkwy. Zip City 210 Providence. RI 02906 RI . Providence 02906 Director Name Heidi Winkler Loomis Street Address Street Address 16 Freeman Pkwy. City State Zip City Providence RI 02906 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) STANKS CEGUS AUTHORIZED SHARES Number of Shares Class/Series Par Value Par Value Number of Shares Class/Series

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



8,000 \$1.00 PAR VALUE

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

Common

Heidi Winkler Loomis

Print dr Ppe Name of Officer

Secretáry

Title of Officer

700 Shares

Form 630 12/02

\$1.00

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

Filing Period: January 1-March 1	•	Filing Fee: \$50.00	
(FORM WIST BE TYPED IN BLACK)			

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1. Corporate ID No.

2. Name of Corporation

73873

WINKLER GROUP, LTD.

3. Street Address Principal Business Office

321 VEAZIE STREET

PROVIDENCE

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

Street Address

PROVIDENCE

PROVIDENCE

RT

02906

City

State

Zip

Secretary Name

HEIDI WINKLER LOOMIS

Treasurer Nam

TRACI WINKLER MACERONI

Street Address

16 FREEMAN PKWY.

Street Address
141 FREEMAN PKWY.

zip 1) 2 9 0 6

**PROVIDENCE** 

<sup>zi</sup>δ2906

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

NORMA WINKLER

TRACI WINKLER MACERONI

Street Address

55 HAZARD AVENUE

Street Address

141 FREEMAN PKWY.

PROVIDENCE

RI

02906

PROVIDENCE

Director Name

Street Address

RT

02906

Director Name

HEIDI WINKLER LOOMIS

Street Address

16 FREEMAN PKWY.

City PROVIDENCE RI

02906

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

ISSUEE) SHARES Number of Shares

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

Par Value

8,000 \$1.00 PAR VALUE

Par Value

700 SHARES

Class/Series COMMON

\$1.00

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



FOR SECRETARY OF STATE USE ONLY

penalty of perjury, I declare and affirm that I have examined nor, including any accompanying schedules and statements, and statements contained herein are true and correct.

of Officer WINKLER LOOMIS HEIDI

Pilnt or Type Name of Officer

Title of Officer

Farm (30 12/01

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

M MUST BE TYPED IN BLACK)	
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I. Corporate ID No

2. Name of Corporation

WINKLER GROUP, LTD.

Į.	Street	Address	Principal	Business	Office

City

State

21p

321 VEAZIE STREET

PROVIDENCE

RI

02904

4. Business Phone No.

RHODE ISLAND

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

NORMA WINKLER

Street Address

City

City

City

55 HAZARD AVENUE State

210

State

Zip

PROVIDENCE RI

02906

Secretary Name

HEIDI WINKLER LOOMIS

Street Address

FREEMAN PKWY.

Treasurer Name

Street Address

City

TRACI WINKLER MACERONI

TRACI WINKLER MACERONI

Street Address

144 FREEMAN PKWY.

144 FRBEMAN PKWY.

PROVIDENCE

02906

PROVIDENCE

RI

U2906

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

HEIDI WINKLER LOOMIS

Street Address

16 FREEMAN PKWY.

PROVIDENCE

02906 PROVIDENCE

Director Name

Street Address

Street Address

NORMA WINKLER

Street Address

Director Name

55 HAZARD AVE.

8,000 SHS \$1.00 PAR VALUE

City

PROVIDENCE

02906

City

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

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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

ESSUED SHARES

Number of Shares

Check No.:

FOR SECRETARY OF STATE USE ONLY

Under penalty of geriuty, I declare and affirm that I have examined this report ineffding any accompanying schedules and statements, and that all stafements contained herein are true and correct.

Signature of Officer

Title of Officer

Print or Type Name of

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

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PLEASE	RI AD
INSTRUC	HOSS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filling Period: January 1-March 1 • Filling Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation WINKLER GROUP, LTD. 73873 3. Street Address Principal Business Office City State 321 Veazie Street Providence RI Q22Q4 S. State of Incorporation RHODE ISLAND 401-272-2885 7. Brief Description of the Character of Business Conducted in Rhode Island Costume Jewelry Manufacturer FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name Norma Winkler Street Address Street Address 55 Hazard Avenue Zip City 02906 Providence RΙ Treasurer Name Secretary Nan Heidi Winkler Loomis Traci Winkler Maceroni Street Address Street Address 144 Freeman Pkwy. 16 Freeman Pkwy City RT 02906 02906 Providence RI Providence FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Traci Winkler Maceroni Heidi Winkler Loomis Street Address Street Address 144 Freeman Pkwy. 16 Freeman Pkwy. City 02906 RI Providence 02906 Providence RI Director Name Director Name Norma Winkler Street Address Street Address 55 Hazard Ave Zip City State City 02906 Providence 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Par Value Number of Shares Class/Series Par Value Number of Shares 8,000 SHS \$1.00 PAR VALUE

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



SEC'Y OF STATE

FOR SUCRETARY OF STATE USE ONLY

Under denalty of perjury I declare and affirm that I have examined ort, including any accompanying schedules and statements, and Matements contained herein are true and correct.



# 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 I • Fili	ing Fee: \$50.00			INSTRUCTIONS
(FORM MUST BE TYPED IN BLACK	)				
1. Corporate ID No. <b>73873</b>	2. Name of Corporation WINKLER GRO	UP, LTD.			
4. Rusiness Phone No.  LIDI 277 7. Brief Description of the Character of	AZI-C. ST Business Conducted in Rhod	S. State of Incorporation RHODE ISLAND le island	Froziolne	State R	0'2904 6. SIC Code 1883
8. NAMES AND ADDRESSE	THE OFFICER	S TX BOX FOR ATTACHN	HUCHULLA (ENT) E FILL IN SPACES BEI	FORE USING ATTACHME	ENTS
President Name	ma. Wink	cher	Vice President Name Street Address		
Stori duce	Hazard Island	Aul02906	City	State	Zip
Street Address	inkber. Lo	·	Treasurer Name Traci_N Street Address	Jinkler_Mai	ceroni
Providence	nan Pki	NY	Providence	teeman_P.F	<ωy
9. NAMES AND ADDRESSE Director Name	S OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES E	BEFORE USING ATTACH	MENTS
Street Address	<del></del>		Street Address		1
City	State [	Zip	City	State	Zip
Director Name	I		Director Name	t	
Street Address			Street Address		
Сиу	State	Zip	City ·	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR ATTACHM	ENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS \$1.00 PAR	VALUE		7.00 Shs	Common	#100par_
·-··		· · · · · · · · · · · · · · · · · · ·		1	<u> value</u>
This report must be signed	lin ink by either t	he President, Vice Pr	resident, Secretary, Assista	nt Secretary, Treasurer,	, Receiver or Trustee
* 7	3 8 7 3 <b>*</b>	<b>I</b> I		ry, I declare and affirm the	

FOR SECRETARY OF STATE USE ONLY

File Date:

that all statements Contained herein are true and correct. Signature of Office Print or Type Name of Officer Title of Officer



James R. Langevin, Secretary of State Corporations Division Providence, RI 02903-1335

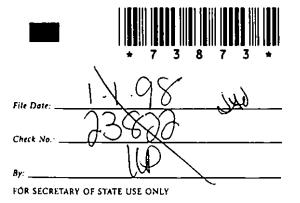
100 North Main Street

401-277-3040

### RECEIVED DEC 1 8 1997

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No Name of Corporation 73873 WINKLER GROUP, LTD. 3. Street Address Principal Business Office City 02904 RI 321 Veazie Street Providence 6. SIC Code 4. Business Phone No. S. State of Incorporation RHODE ISLAND 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) President Name Vice President Name Norma Winkler Street Address Street Address 55 Hazard Ave City Zip City State State Providence RI 02906 Secretary Name Treasurer Name Heidi Winkler Loomis Traci Winkler Maceroni Street Address Street Address 141 Freeman Parkway 16 Freeman Parkway City Zip Providence RΙ 02906 Providence RI 02906 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name N/A Street Address Street Address City Zio City Zip State State Director Name Director Name Street Address Street Address City State City State ZIP 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Par Value Class/Series Par Value Number of Shares Class/Series 8,000 SHS \$1.00 PAR VALUE 700 shs \$1.00 par common 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, Indeclare and affirm that I have examined this report ectading any accompanying schedules and statements, and pents contained herein are true and correct.

Print or Type Name

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 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

7	3	8	7	3	

3. Street Address Principal Business Office

WINKLER GROUP, LTD.

321 Veazie Street

State

Zip

ZIp

4. Rusiness Phone No.

RI

02903

401-272-2885

RHODE ISLAND

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

Costume Jewelry Manufacturer (developing, importing, selling)

Vice President Name

Providence,

City

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

retail % wholesale

President Name

Norma Winkler

Street Address

55 Hazard Avenue

Providence

RI

02906

Secretary Name

Heidi J Loomis

Street Address

16 Freeman Parkway

Providence

State

RI

Zip

02906

Treasurer Name

Street Address

Traci B. Maceroni

Street Address

Providence

141 Freeman Parkway State

RI

State

Zip

02996

9. NAMES AND ADDRESSES OF THE DIRECTORS ("x" BOX FOR ATTACHMENT)

Director Name

City

N/A

Street Address

Zip

City

Director Name

Street Address

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ISSUED SHARES 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



FOR SECRETARY OF STATE USE ONLY

Under penalty of perputy, I declare and affirm that I have examined including any accompanying schedules and statements, and ments contained herein are true and correct.

Signature

December 27,

Loomis Print or Type

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

ling Fee \$50.00		PLEASE TYPE OR	PRINT IN BLACK INK.		
CORPORATE ID NO.	2. HAME OF CORPORATION				
73873		ER GROUP, LTD.			
STREET ADDRESS PRINCIPAL BUSINESS (			άπν	STATE	ZIP COOE
321 Veazie S	treet		Providence	RI	02904
BUSINESS PHONE NO. (401) 272–281	95	S. STATE OF INCORPORATION	- <u></u>		6 StC COO€
		RHODE IS			1 1883
eveloping, buyi	ng, importing	, selling and ma	rketing jewelry ar	d accessories	(retail & wholesale
ESDENT HWAE Norma Winkler	8. N	AMES AND ADDR	ESSES OF THE O VICE PRESIDENT NAME	FFICERS	
REET ADORESS	<del> </del>		STREET ADDRESS		······································
55 Hazard Avenue		1, 200	- CIV	STATE	1 ZIP COOE
Y Providence	STATE	229.06 029.06	άιγ	JINIE	ar wwc
DRETARY INVIE		1 02200	TREASURER HAME		
Heidi J Loomis			Traci	Winkler Macero	oni
REET ADDRESS		······································	STREET ADORESS		
16 Freeman Park		ZIP COOE	141 Fr	eeman Parkway	f zip coot
r Providence	STATE RI	02906	Provid		02906
Providence		AMES AND ADDE	ESSES OF THE D		02500
RECTOR NAME			OTRECTOR NAME		
N,	/A		•		
REET ADORESS			, STREET ADDRESS		
N .	i State I	ZIP COOE	ατγ	STATE	ZIP C006
RECTOR NAME			DIRECTOR NAME		
ECTOR ISSUE			DACO MINERAL		
REET ADDRESS		<del></del>	STREET ADORESS		<del></del>
<b>W</b>	STATE	77P C700E	ary	STATE	ZIP COOE
<del>andre a mare des</del>		<del></del>	<del> </del>		
		SHARES AUTHOR	IIZED AND ISSUE	•.	_
MUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	HUMBER OF SHARES	ISSUED SHARES CLASS / SERVES	PARVALUE
NUMBER OF STATES	00073013	PATTACOC	11000010100		7777
8,000 SHS	\$1.00 PAR VAL	UE	700, shs	common	\$1,00 par value
	<del></del>		<del>.</del>		
				<b>!</b>	!
					1
			GNED IN INK by either		
Pre	esident, Vice Presi	dent, Secretary, Assis	stant Secretary, Treasure	er, Receiver or Trus	tee
			Under penalty	of perjury. I declare an	id affirm that I have examined the
			report, indudir	ng apy accompanying s	chedules and statements, and the
	•	•	an statements	contained herein are to	Je and Concet.
File Date: 1/29/9	1				

For Secretary of State Use Only

Check No:

By:

Print or Type Name of Officer

Title of Officer

### 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.

0073873 Corporate ID:		Annual Report for the year:	
WINKLER GROUP		oport with your	
Name of Corporation:  Business entity organized under the laws of the State of: Rhod For foreign entity, address and telephone number of principal offi	ce: [X] i	Business Entity is (check one):  [X] Business Corporation (See RIGL Chapter 7-1.1)  [ ] Professional Service Corporation (See RIGL Chapter 7-5.1)	
N/A		rtotessional service Corporation (see RIGE)	Shapter 7-3.1)
Phone: () Address and telephone of the principal office of business entity in Island (Provide street address - Not P.O. Box):	Brief   All	statement of the character of business conduct aspects of the business of aspects of the business of a spects of the business of a spects of the business of a spects of a spects of the business conduct aspects of the business of a spects of the business conduct aspects of the business of a spects of the business	Developing, marketing at y and accessori and rendering
Phone: (401 ) -272-2885			
THE	NAMES OF THE OFFIC	CERS ARE:	
PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Norma Winkler v:ce president	55 Hazard Avenue, STREET ADDRESS	Providence, RI	02906 ZIP CODE
SECRETARY	STREET ADDRESS	CITYSTATE	ZIP CODE
Heidi J Loomis	549 Wavland Avenu		02906
	street address  1 Freeman Parkway	Providence, RI	718 CODE 02906
NAME.	AMES OF THE DIRECT 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		R OF SHARES ISSUED AND OUTSTANDING (F	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 valu	e
Date	By: Heidi J I	oomis	
Form 31 1/95	PRINT OS TOPE SAME OF TITLE OF OFFICER SIGNIS	OFFICER SIGNING	
		SERVICE OF PROCESS:	

NORMA WINKLER **521 VEAZIE STREET** PROVIDENCE RI 02904

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

Filing Fee \$50 00 Payable to: Secretary of State

#### PLEASE TYPE or PRINT

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

# 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

0075875	Annual Report for the year:		
Name of Business Entity:	WINKLER GROUP, LTD.		
Business entity organized under the laws of the State of Rhode Island Federal Taxpayer Identification Number:  For foreign entity, address and telephone number of principal office:	Business Entity is (check one):  [ x] Business Corporation (See RIGL Chapter 7.1.1)  [ ] Professional Service Corporation (See RIGL Chapter 7-5.1)  [ ] Limited Liability Company (See RIGL 7-16)		
N/A	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		
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:  Jewelry importation and sale.		
321 Veazie Street			
Providence, RI 02904	Date of Organization: June 29, 1993. 17777 Cor		
Phone: (401) 272-2885	Date of Qualification to do business in Rhode Island (if foreign entity)  N/A  N/A		
THE NAMES OF	THE OFFICERS ARE:		
CHIEF EXECUTIVE DELICER OR A PRESIDENT CHECKORD	ADDRESS CHASTATE ZIP COOL		
Norma Winkler, 55 Hazard Avenue, Providence	Rhode Island 02906 ADDRESS CONSTATE ZEFODE		
Heidi J Loomis, 549 Wayland Avenue, Provider	ADDRESS CHYSTATE ZPCODE		
Traci B. Maceroni, 34 Fames Street, Provider	ADDRESS (TEYSTATE SECTION)		
NAME STREET	THE DIRECTORS ARE:  ADDRESS CITYSTATE ZIPCOUE		
NONE STREET	ADDRESS CITYSTATE ZIPCODE		
NAME. STREET	ADDRESS CITY/STATE ZIP CODE		
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)		
NUMBER 8,000 shares	NUMBER 700 shares		
CLASS common	CLASS COMMON		
SERIES n/a	SERIES n/a		
PAR VALUE OR WITHOUT PAR \$1.00 par value	PAR VALUE OR WITHOUT PAR \$1.00 par value		
Date			
FILED	HEIDI J LOOMIS OR TYPENAME OF DEPICER SIGNING		
FEB 1 6 1994  By 10- 22231	SECRETARY OR WINKLER GROUP, LTD.		
Fam 31 1/94	IDENT AGENT FOR SERVICE OF PROCESS:		