



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. 108930
2. Name of Corporation Black Sea, Inc.
3. Street Address Principal Business Office 1155 NORTH MAIN STREET
City PROVIDENCE State RI Zip 02904
4. Business Phone No. 4013311133
5. State of Incorporation RHODE ISLAND
6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island
TO CONDUCT SALES AT RETAIL, SECOND HAND AND CONSIGNMENT SALES.

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

President Name FLORIN MIHUT Street Address 1155 NORTH MAIN STREET City PROVIDENCE State RI Zip 02904	Vice President Name FLORIN MIHUT Street Address 1155 NORTH MAIN STREET City PROVIDENCE State RI Zip 02904
Secretary Name FLORIN MIHUT Street Address 1155 NORTH MAIN STREET City PROVIDENCE State RI Zip 02904	Treasurer Name FLORIN MIHUT Street Address 1155 NORTH MAIN STREET City PROVIDENCE State RI Zip 02904

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

Director Name FLORIN MIHUT Street Address 1155 NORTH MAIN STREET City PROVIDENCE State RI Zip 02904	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)

Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR

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

Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR

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

FILED

JUN 16 2005

By JA
C68991

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.

Florin Mihut 6-9-05
Signature of Officer Date

FLORIN MIHUT
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date _____
Check No. _____
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

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President Name FLORIN MIHUT	Vice President Name FLORIN MIHUT
Street Address 1155 NORTH MAIN STREET	Street Address 1155 NORTH MAIN STREET
City PROVIDENCE State RI Zip 02904	City PROVIDENCE State RI Zip 02904
Secretary Name FLORIN MIHUT	Treasurer Name FLORIN MIHUT
Street Address 1155 NORTH MAIN STREET	Street Address 1155 NORTH MAIN STREET
City PROVIDENCE State RI Zip 02904	City PROVIDENCE State RI Zip 02904

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

Director Name FLORIN MIHUT	Street Address
Street Address 1155 NORTH MAIN STREET	City
City PROVIDENCE State RI Zip 02904	State
Director Name	Zip
Street Address	City
City	State
State	Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
100	COMMON	NO PAR

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

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

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

FILED

JUN 16 2005

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 _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

DA
268991

Signature of Officer Florin Mihut Date 6/9/05
Print or Type Name of Officer
FLORIN MIHUT
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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *108930* 2. Name of Corporation Black Sea, Inc.

3. Street Address Principal Business Office 1155 NORTH MAIN STREET City PROVIDENCE State RI Zip 02904-

4. Business Phone No. 4013311133 5. State of Incorporation RHODE ISLAND 6. SIC Code 0

7. Brief Description of the Character of Business Conducted in Rhode Island
TO CONDUCT SALES AT RETAIL, SECOND HAND AND CONSIGNMENTSALES.

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

President Name FLORIN MIHUT Vice President Name FLORIN MIHUT

Street Address 1155 NORTH MAIN STREET Street Address 1155 NORTH MAIN STREET

City PROVIDENCE State RI Zip 02904 City PROVIDENCE State RI Zip 02904

Secretary Name FLORIN MIHUT Treasurer Name FLORIN MIHUT

Street Address 1155 NORTH MAIN STREET Street Address 1155 NORTH MAIN STREET

City PROVIDENCE State RI Zip 02904 City PROVIDENCE State RI Zip 02904

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

Director Name FLORIN MIHUT Director Name

Street Address 1155 NORTH MAIN STREET Street Address

City PROVIDENCE State RI Zip 02904 City State Zip

Director Name Director Name

Street Address Street Address

City State Zip City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	COMM NO PAR VALUE		100	COMMON	NO PAR

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



108930 DBC4/30/0311:14:24 AM
File Date 7/11/03
Check No. 0216
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 5-1-03
FLORIN MIHUT
Print or Type Name of Officer
PRESIDENT
Title of Officer



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

Mathew 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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *108930*		2. Name of Corporation Black Sea, Inc.	
3. Street Address Principal Business Office 1155 NORTH MAIN STREET		City PROVIDENCE	State RI
4. Business Phone No. 4013311133		5. State of Incorporation RHODE ISLAND	
		6. SIC Code 0	

7. Brief Description of the Character of Business Conducted in Rhode Island
TO CONDUCT SALES AT RETAIL, SECOND HAND AND CONSIGNMENTS SALES.

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

President Name FLORIN MIHUT			Vice President Name FLORIN MIHUT		
Street Address 1155 NORTH MAIN STREET			Street Address 1155 NORTH MAIN STREET		
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904
Secretary Name FLORIN MIHUT			Treasurer Name FLORIN MIHUT		
Street Address 1155 NORTH MAIN STREET			Street Address 1155 NORTH MAIN STREET		
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904

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

Director Name FLORIN MIHUT			Director Name		
Street Address 1155 NORTH MAIN STREET			Street Address		
City PROVIDENCE	State RI	Zip 02904	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	COMM NO PAR VALUE		100	COMMON	NO PAR

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



* 1 0 8 9 3 0 *

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.

Florin Mihut 5-1-03
Signature of Officer Date
FLORIN MIHUT
Print or Type Name of Officer
PRESIDENT
Title of Officer

108930 DBQ4/30/0311:14:24 AM

File Date 4/11/03

Check No. C1216

By: [Signature]

FOR SECRETARY OF STATE USE ONLY



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. **108930** 2. Name of Corporation **Black Sea, Inc.**
 3. Street Address Principal Business Office **1155 North Main Street** City **Providence,** State **RI** Zip **02904**
 4. Business Phone No. **331-1133** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code
 7. Brief Description of the Character of Business Conducted in Rhode Island **sell at retail, second hand & consignment/pawn shop.**

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

<i>President Name</i> Florin Mihut	<i>Vice President Name</i> Florin Mihut
<i>Street Address</i> 189 Windmill Street	<i>Street Address</i> 189 Windmill Street
<i>City State Zip</i> North Providence RI 02904	<i>City State Zip</i> North Providence RI 02904
<i>Secretary Name</i> Florin Mihut	<i>Treasurer Name</i> Florin Mihut
<i>Street Address</i> 189 Windmill Street	<i>Street Address</i> 189 Windmill Street
<i>City State Zip</i> North Providence RI 02904	<i>City State Zip</i> North Providence RI 02904

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

<i>Director Name</i> Florin Mihut	<i>Director Name</i>
<i>Street Address</i> 189 Windmill Street	<i>Street Address</i>
<i>City State Zip</i> Noth Providence, RI 02904	<i>City State Zip</i>
<i>Director Name</i>	<i>Director Name</i>
<i>Street Address</i>	<i>Street Address</i>
<i>City State Zip</i>	<i>City State Zip</i>

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100 COMM NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No par value

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



* 1 0 8 9 3 0 *

File Date: 3-28-01

Check No.: 3454

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] 03/20/01
Signature of Officer Date

Florin Mihut
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. **108930** 2. Name of Corporation **Black Sea, Inc.**
3. Street Address Principal Business Office **1155 North Main Street** City **Providence** State **RI** Zip **02904**
4. Business Phone No. **331-1133** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island **sale at retail, second hand and consignment/pawn shop.**

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

President Name Florin Mihut Street Address 189 Windmill Street City North Providence State RI Zip 02904	Vice President Name Florin Mihut Street Address 189 Windmill Street City North Providence State RI Zip 02904
Secretary Name Florin Mihut Street Address 189 Windmill Street City North Providence State RI Zip 02904	Treasurer Name Florin Mihut Street Address 189 Windmill Street City North Providence State RI Zip 02904

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Director Name Florin Mihut Street Address 189 Windmill Street City North Providence State RI Zip 02904	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
100 COMM NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common no par value

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



* 1 0 8 9 3 0 *

File Date: 4/13/00
Check No.: 3299
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 _____ Date _____
FLORIN MIHUT
Print or Type Name of Officer
PRESIDENT [Signature]
Title of Officer