

## 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

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2005

_	iember 1 - November 1 ED OR PRINTED IN BLACK)	• Filing Fee: \$5	0.00					
1. ID No. 123831	No. 2. Exact name of the limited liability company							
3. State of Formation RHODE ISLAND	<b>..</b>	on of the character of the li RLW JEWELRY COM	histness which is actually conducted the MPONENTS	n Rbode Island				
5. Principal office add	tress 8 Indu	string La	re Juhnst	Siate State	2402919			
6. MAILING ADD	RESS OF LIMITED LIABI	LITY COMPANY AN	D NAME OR TITLE OF CONT	TACT PERSON:				
Contact Name	Robert D. U	19/10	Contact Title OUN	Contact Title Dener Mendle				
Street Address	Sam	2	City	State	ZIp			
	FILL IN SP	ACES BEFORE USIN	ED LIABILITY COMPANY, IF IG ATTACHMENTS ("X" BOUTERS FILING OF AMENDMENT Manager Name	X FOR ATTACHMENT)				
Street Address			Street Address	Street Address				
City State Zip			City	State	Zíp			
Manager Name	•••••••••••••••••••••••••••••••••••••••	•••••••	Afanager Name	Manager Name				
Street Address			Street Address	Street Address				
City	State	Zφ	Ciny-	State	Ζφ			
8. RESIDENT AGE Agent Name JOHN VALVO	ENȚ IN RHODE ISLAND -	DO NOT ALTER - 0	Changes require filing of Fo	orm 642 - R.I.G.L. 7-16-11				
Address	<del></del> -		- Cin					
93 LOOKOUT AVENUE			JOHNSTON	<i>Ζψ</i> <b>02919-</b>				

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

File Date 9/2/05 "123831"	
Check No	
PORSECRETARY OF STATE USE ONLY	
TOTOSECRITART 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 Authorized Person

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rift or Type Name of Authorized Person



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Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_\_\_\_ 2004

	PRINTED IN BLACK)		2.00				
1 ID No. 2.	2. Exact name of the limited liability company						
123831 F	FUTURYO L.L.C.						
3. State of Formation		n of the character of the hi	istness which is actually conducted in F	Rhode Island			
RHODE ISLAND	Wh	okrale raw	iludiy Comprest.	٠, ک			
5. Principal office address, 8 Lndus	trial Lane		Johnskn	Sinc	029/9		
6. MAILING ADDRESS	OF LIMITED LIABI	LITY COMPANY AND	NAME OR TITLE OF CONTA	CT PERSON:	•		
Coniaci Name Riber	t D. V	la luo	Contact Title	er			
Street Address	ne as	above	Clty	State	Zip		
	FILL IN SPA	ACES BEFORE USING	D LIABILITY COMPANY, IF A G ATTACHMENTS ("X" BOX RES FILING OF AMENDMENT	FOR ATTACHMENT) 🔲	/ 7-16-52		
Street Address	•		Street Address		<del> </del>		
City	State	Zip	City	State	Zip		
Manager Name	·····I······	I	Manager Name		J		
Street Address			Street Address	Street Address			
Clty	State	Zip	City	State	Zip		
8. RESIDENT AGENT 18 Agent Name JOHN VALVO	N RHODE ISLAND	DO NOT ALTER - C	hanges require filing of For  Address	m 642 - R.I.G.L. 7-16-11	<b>1</b>		
Address			City	City Zip			
93 LOOKOUT AVENUE			JOHNSTON		02919-		

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date 9999

Check No. 1487

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 Authorized Person

. Mare

Print or Type Name of Authorized Person



Corporations Division 100 North Main Street Providence, RI 02903-1335

401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_

2003

Filing Period: Septem (FORM MUST BE TYPED)		Filing Fee	:: \$50.00					
1. II) No 123831	2. Exact name of the limited liability company FUTURYO L.L.C.							
3. State of Formation	4. Brief descripti	on of the character of	the hustness which	b is actually conducted in	n Rhode Island			
RHODE ISLAND	Wh	olesale.	Tewelry,	Composents	,			
5 Principal office address	Industral		/	Johnst.	in	iaic RI		02919
6. MAILING ADDRE	SS OF LIMITED LIAB	ILITY COMPANY	AND NAME (	OR TITLE OF CONT	TACT PERSON	! <b>:</b>		
Contact Name	kert D. Va	100		Contact Title  MM	ber			
Street Address	Industrial	61.		Johns.	ton	aic RI	~	02919
7. NAME AND ADDI	RESS OF EACH MANA	GER OF THE LIN	MITED LIABIL	ITY COMPANY, IF			_	
AN'		PACES BEFORE U		•	X FOR ATTAC	•	_	i. <b>5</b> 2
Manager Name		o manacas a		.ING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 				
Street Address		<u> </u>		Street Address				
City	State	Zip		City	Si	ate		Zip
Manager Name				Manager Name				
Sirve Address				Street Address				
			:					
City	State	Zip		City	Si	ate		Zip
8. RESIDENT AGENT	ι Γ IN RHODE ISLAND	DO NOT ALTE	: R - Changes r	equire filing of Fo	l orm 642 - R.I	.G.L. 7-1	6-11	ı
Agent Name			Address					
JOHN VALVO								
Address 93 LOOKOUT AVENUE				JOHNSTON CHR			7 <i>ip</i> 02919-	
<del></del>	·	<del></del>	<u></u>		· · · · · ·		ı	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

* 1 2 3 8 3	1 * Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements.
File Date 9-0-03 Check No. 1206	contained herein are true and correct.
By:	Robert D. Valvo
FOR SECRETARY OF STATE USE ONLY	Prilu or Type Name of Authorized Person 1