



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

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 123831		2. Exact name of the limited liability company FUTUYO L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island WHOLSALE RLW JEWELRY COMPONENTS	
5. Principal office address 8 Industrial Lane		City Johnston	State RI
		Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Robert D. Valvo		Contact Title Owner Member	
Street Address Same		City	State
		Zip	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JOHN VALVO		Address	
Address 93 LOOKOUT AVENUE		City JOHNSTON	Zip 02919

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.	1710	
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 Authorized Person Date 8/30/05
Print or Type Name of Authorized Person Robert D. Valvo



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
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100 North Main Street
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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 123831		2. Exact name of the limited liability company FUTURYO L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Wholesale raw jewelry components.	
5. Principal office address 8 Industrial Lane		City Johnston	State RI
		Zip 02919	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Robert D. Valvo		Contact Title member	
Street Address same as above		City	State
		Zip	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JOHN VALVO		Address	
Address 93 LOOKOUT AVENUE		City JOHNSTON	Zip 02919

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 *

File Date	9/9/04
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 9/7/04
Print or Type Name of Authorized Person
Robert D. Valvo



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 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 123831		2. Exact name of the limited liability company FUTURYO L.L.C.									
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Wholesale Jewelry Components.									
5. Principal office address 8 Industrial Ln.		City Johnston		State RI		Zip 02919					
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:											
Contact Name Robert D. Valvo				Contact Title member							
Street Address 8 Industrial Ln.		City Johnston		State RI		Zip 02919					
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52											
Manager Name				Manager Name							
Street Address				Street Address							
City		State		Zip		City		State		Zip	
Manager Name				Manager Name							
Street Address				Street Address							
City		State		Zip		City		State		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11											
Agent Name JOHN VALVO				Address							
Address 93 LOOKOUT AVENUE				City JOHNSTON		Zip 02919					

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 *

File Date	<u>9.9.03</u>
Check No.	<u>1206</u>
By:	<u>[Signature]</u>
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] 9/8/03
Signature of Authorized Person Date
Robert D. Valvo
Print or Type Name of Authorized Person