



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 02901-4335
401 222 3041

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections: 1. Corporate ID No. (106739), 2. Name of Corporation (Custom Creations by Kerri, Inc.), 3. Street Address Principal Business Office (205 HALLENE ROAD, WARWICK, RI, 02886), 4. Business Phone No. (738-2020), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (3038), 7. Brief Description of the Character of Business Conducted in Rhode Island (TO MANUFACTURE AND SELL SEASONAL ITEMS, MISCELLANEOUS GIFTWARE AND RELATED ITEMS THROUGH DIRECT SALES AND CATALOGUE ORDERS), 8. NAMES AND ADDRESSES OF THE OFFICERS: (President Name: KERRI A. CHELO, Vice President Name: KERRI A. CHELO, Secretary Name: SAME AS ABOVE, Treasurer Name: SAME AS ABOVE), 9. NAMES AND ADDRESSES OF THE DIRECTORS: (Director Name: SAME AS ABOVE), 10. SHARES AUTHORIZED (8,000 \$0.01 PAR VALUE), 11. SHARES ISSUED (200 Common, .01 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.

Signature of Officer: Kerri A. Chelo, Date

Print or Type Name of Officer: KERRI A. CHELO

Title of Officer: PRESIDENT

File Date: 1/25/05
Check No.: 2516
By: DA
FOR SECRETARY OF STATE USE ONLY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

1. Corporate ID No. 106739		2. Name of Corporation Custom Creations by Kerri, Inc.			
3. Street Address Principal Business Office 205 HALLENE ROAD SUITE 105			City WARWICK	State RI	Zip 02886
4. Business Phone No. 401-738-2020		5. State of Incorporation RHODE ISLAND			6. SIC Code 3038
7. Brief Description of the Character of Business Conducted in Rhode Island TO MANUFACTURE AND SELL SEASONAL ITEMS, MISCELLANEOUS GIFTWARE AND RELATED ITEMS THROUGH DIRECT SALES AND CATALOGUE ORDERS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KERRI A. CHELO			Vice President Name KERRI A. CHELO		
Street Address 56 SUGAR BUSH TRAIL			Street Address 56 SUGAR BUSH TRAIL		
City SAUNDERSTOWN	State RI	Zip 02875	City SAUNDERSTOWN	State RI	Zip 02875
Secretary Name SAME AS ABOVE			Treasurer Name SAME AS ABOVE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name SAME AS ABOVE			Director Name SAME AS ABOVE		
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) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$01 PAR VALUE		200	COMMON	.01

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



* 1 0 6 7 3 9 *

File Date 2-18-04
Check No. 2139
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]
Signature of Officer
KERRI A. CHELO
Print or Type Name of Officer
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. 106739		2. Name of Corporation Custom Creations by Kerri, Inc			
3. Street Address Principal Business Office 1629 Warwick Avenue			City Warwick	State RI	Zip 02889
4. Business Phone No. (401) 738-2020		5. State of Incorporation RI			6. SIC Code 3630
7. Brief Description of the Character of Business Conducted in Rhode Island Manufacture & Sell seasonal items, giftware & catalog sales					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kerri Chelo			Vice President Name Kerri Chelo		
Street Address 1629 Warwick Avenue			Street Address 1629 Warwick Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Kerri Chelo			Treasurer Name Kerri Chelo		
Street Address 1629 Warwick Avenue			Street Address 1629 Warwick Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Same as Above			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) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	Common	\$0.01 par value	200	Common	\$0.01

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

FILED	
File Date	SEP 10 2003
Check No.	3v. 1839 GMB
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.

Kerri Chelo 8/4/03
Signature of Officer Date
Kerri Chelo
Print or Type Name of Officer
President
Title of Officer



3/1/02

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. **106739** 2. Name of Corporation **Custom Creations by Kerri, Inc.**
 3. Street Address Principal Business Office **1629 Warwick Avenue** City **Warwick** State **RI** Zip **02889**
 4. Business Phone No. **(401) 738-2020** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3038**
 7. Brief Description of the Character of Business Conducted in Rhode Island

Manufacture & sell seasonal items & giftware & catalogue sales

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

President Name	Kerri A. Chelo	Vice President Name	Kerri A. Chelo
Street Address	1629 Warwick Ave.	Street Address	1629 Warwick Ave.
City	Warwick RI 02889	City	Warwick RI 02889
Secretary Name	Same as above	Treasurer Name	Same as above
Street Address		Street Address	
City		City	

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

Director Name	Same as above	Director Name	Same as above
Street Address		Street Address	
City		City	

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

AUTHORIZED SHARES
 Number of Shares Class/Series Par Value
8,000 \$0.01 PAR VALUE

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

ISSUED SHARES
 Number of Shares Class/Series Par Value
200 Common .01

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



* 1 0 6 7 3 9 *

File Date: 2-7-02

Check No.: 1175

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.

Kerri Chelo 2-5-02
 Signature of Officer Date

Kerri A. Chelo
 Print or Type Name of Officer

President
 Title of Officer



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. **106739** 2. Name of Corporation **Custom Creations by Kerri, Inc.**
3. Street Address Principal Business Office **1725 Mendon Road** City **Cumberland** State **RI** Zip **02864**
4. Business Phone No. **(401) 334-9569** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3038**
7. Brief Description of the Character of Business Conducted in Rhode Island

Manufacture & sell seasonal items & giftware & catalogue sales

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

President Name Kerri A. Chelo Street Address 1725 Mendon Road City Cumberland State RI Zip 02864 Secretary Name Same as above Street Address Same as above City _____ State _____ Zip _____	Vice President Name Kerri A. Chelo Street Address 1725 Mendon Road City Cumberland State RI Zip 02864 Treasurer Name Same as above Street Address Same as above City _____ State _____ Zip _____
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Same as Above Street Address Same as Above City _____ State _____ Zip _____	Director Name Same as Above Street Address Same as Above 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
8,000 \$.01 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
200 Common .01

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



* 1 0 6 7 3 9 *

File Date: 3-16-01

Check No.: 914

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.

Kerri A. Chelo 3/14/01
Signature of Officer Date

Kerri A. Chelo
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. **106739** 2. Name of Corporation **Custom Creations by Kerri, Inc.**
3. Street Address Principal Business Office **2225 POST RD.** City **WARWICK** State **RI** Zip **02886**
4. Business Phone No. **738-6555** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3038**

7. Brief Description of the Character of Business Conducted in Rhode Island
MANUFACTURE & SELL SEASONAL ITEMS & GIFT WARE & CATALOGUE SALES

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

President Name KERRI A. CHELO Street Address 2225 POST RD. City State Zip WARWICK RI 02886 Secretary Name SAME AS ABOVE Street Address City State Zip	Vice President Name KERRI A. CHELO Street Address 2225 POST RD. City State Zip WARWICK RI 02886 Treasurer Name SAME AS ABOVE Street Address City State Zip
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name SAME AS ABOVE Street Address City State Zip	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
8,000 \$.01 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
200 common .01

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



* 1 0 6 7 3 9 *

PAID

File Date: MAR 01 2000

Check No.: SEC'Y OF STATE

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.

Kerri A. Chelo 2/29/00
Signature of Officer Date

KERRI A. CHELO
Print or Type Name of Officer
PRESIDENT
Title of Officer