

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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

2005

LIMITED LIA	ABILIT	TY COMPA	NY ANNUAL I	REPORT FOR THE	YEAR	200	<u> </u>
Filing Period: Septem			Filing Fee: \$50.00				
(FORM MUST BE TYPED O 1. ID No. 124548	2 Exact nar	t name of the limited liability company Jewelry Network IL.C.					
3. State of Formation 4. Brief description of the character of the business us RHODE ISLAND RETAIL JEWELRY SALES			•	b is actually conducted in Rhode Island	i	•	
5. Imacupal office address RUAD #114-314			- /	East Greenwich	State		02818
Contact Name	•	ITED LIABILITY C	OMPANY AND NAME	OR TITLE OF CONTACT PERS Contact Title DWNCI	•	<u>-</u>	-
		RUAD #1	14-314	City Easi Gleenwich	State PI		02818
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) 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	Sic	ale	Zíp	City	State		Zíp
Manager Name				Manager Name			
Street Address			Street Address				
City	Su	aic.	7.ф	City	State		Zip
Agent Name	IN RHOD	DE ISLAND - DO N	OT ALTER - Changes	require filing of Form 642 - 1 Address	R.I.G.L. 7-1	6-11	· · · · · · · · · · · · · · · · · · ·
KARIN LAYMAN	-				1		
5600 POST ROAD, #114-314				City Zip EAST GREENWICH 02818-			

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

File Date	11/18/25 -124548.				
Check No	, 1540				
Ву:	_ <i>[</i>]				
	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

Print or Type Name of Authorized Person



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

2004

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR.

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. ID No. 2. Exact name of the limited liability company 124548 Private Jewelry Network L.L.C. 3 State of Formation 4. Brief description of the character of the business which is actually conducted in Rhixle Island RHODE ISLAND 5. Principal office address Same 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) 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 CILV State Zip Manager Name Manager Name Street Address Street Address Zip City State City State 7.4p 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filling of Form 642 - R.I.G.L. 7-16-11 Address Agent Name KARIN LAYMAN Z.Ip Address **EAST GREENWICH** 5600 POST ROAD, #114-314 02818-

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



File Date	10/12/04		
Check No	1276		
Ву:	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 Date

10/7/07

Print or Type Name of Authorized Person



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: Septer	nber 1 - November 1	• Filing Fee: \$50.00					
(FORM MUST BE TYPED	OR PRINTED IN BIACK)	·					
1. ID No.	2. Exact name of the limited	• • •					
124548	Private Jewelry N	Private Jewelry Network L.L.C.					
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island						
RHODE ISLAND	Fine	Jewelry S.					
5 Principal office guidares RD #114-314			E.G.	Siage	1818 C		
6. MAILING ADDRE	SS OF LIMITED LIABII	ITY COMPANY AND NA	ME OR TITLE OF CONTACT	PERSON:			
Street Address 5600 POST RD Stule 114-314			Contact Title	Comaci Title OWNCY			
Street Address 5666	POST RD 2	Sule 114-314	City E .6 .	State R-I	2402818		
	7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52						
Manager Name			Manager Name	Manager Name			
Street Address		Street Address	Street Address				
Gity	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address		Street Address	Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGEN Agent Name KARIN LAYMAN	T IN RHODE ISLAND -	DO NOT ALTER - Chang	es require filing of Form Address	642 - R.I.G.L. 7-16-1	1 .		
Address 5600 POST ROAD, #114-314			City EAST GREENWICH	Zi	02818-		
				· ·			

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

			4	 8 *
File Date	•	,		
Check No	1010	<u> </u>	<u> </u>	
Ву:				

FOR SECRETARY OF STATE USE ONLY

ncluding any a	of perjury, I declare and affine ecompanying schedules and mare true and correct.		•
Kaun	Laynan	9/29	/03
ignature of Aut	orized Person	Date	

rint or Type Name of Authorized Person -