



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. 98251		2. Exact name of the limited liability company Ira Holtz & Associates LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island WHOLESALE JEWELRY DISTRIBUTOR			
5. Principal office address 91 FRIENDSHIP STREET		City PROVIDENCE	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MANAGING MEMBER		Contact Title			
Street Address 91 FRIENDSHIP STREET		City PROVIDENCE	State RI	Zip 02903	
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) 1. 7-16-52					
Manager Name NONE		• 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 JAMES P. REDDING, ESQ.		Address 1500 FLEET CENTER			
Address		City PROVIDENCE		Zip 02903	

FILED

DEC 29 2005

By Kmc 685946

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



9 8 2 5 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 contained herein are true and correct.

Signature of Authorized Person

Date

Print or Type Name of Authorized Person

98251 DLLC 10/17/05 01:38:01 PM

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

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. 98251		2. Exact name of the limited liability company Ira Holtz & Associates LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island WHOLESALE JEWELRY DISTRIBUTOR			
5. Principal office address 91 FRIENDSHIP STREET		City PROVIDENCE	State RI Zip 02903		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MANAGING MEMBER		Contact Title			
Street Address 91 FRIENDSHIP STREET		City PROVIDENCE	State RI Zip 02903		
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 None		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 JAMES P. REDDING, ESQ.			Address 1500 FLEET CENTER		
Address			City PROVIDENCE	Zip 02903	

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



9 8 2 5 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 contained herein are true and correct.

Signature of Authorized Person

Date

James P. Redding

Print or Type Name of Authorized Person

98251 DLLC 09/28/04 03:18:01 PM

File Date

11/8/04

Check No.

164254

By:

11

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

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. 98251		2. Exact name of the limited liability company Ira Holtz & Associates LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island WHOLESALE JEWELRY DISTRIBUTOR			
5. Principal office address 91 FRIENDSHIP STREET		City PROVIDENCE	State RI Zip 02903		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MANAGING MEMBER		Contact Title			
Street Address 91 FRIENDSHIP STREET		City PROVIDENCE	State RI Zip 02903		
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 None		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 JAMES P. REDDING, ESQ.			Address 1500 FLEET CENTER		
Address			City PROVIDENCE	Zip 02903	

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



9 8 2 5 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 contained herein are true and correct.

Signature of Authorized Person

Date

James P. Redding

Print or Type Name of Authorized Person

98251 DLLC 10/15/03 12:45:53 PM

File Date

12.11.03

Check No.

157220

By:

[Signature]

FOR SECRETARY OF STATE USE ONLY



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *98251*		2. Exact name of the limited liability company Ira Holtz & Associates LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island WHOLESALE JEWELRY DISTRIBUTOR			
5. Principal office address 91 FRIENDSHIP STREET		City PROVIDENCE	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name MANAGING MEMBER			Contact Title		
Street Address 91 FRIENDSHIP STREET		City PROVIDENCE	State RI	Zip 02903	
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 JAMES P. REDDING, ESQ.			Address 1500 FLEET CENTER		
Address		City PROVIDENCE	Zip 02903		

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



* 9 8 2 5 1 *

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File Date	FILED
Check No.	NOV 07 2002
By:	By Ce. 147113
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
James P. Redding
Date 11/1/02
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 98251

Annual Report for the year 2001

1. The name of the limited liability company is:

Ira Holtz & Associates LLC

2. The address of the principal office of the limited liability company is:

91 Friendship Street, Providence, RI 02903

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: JAMES P. REDDING, ESQ.

1500 FLEET CENTER PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Managing Member

91 Friendship Street, Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Wholesale jewelry distributor

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address

Dated 10.15.01



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.

Ira Holtz & Associates LLC

Exact Name of Limited Liability Company

By

Resident Agent

Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10-22-01</u>
Check No.:	<u>138940</u>
By:	<u>[Signature]</u>

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

**To be filed annually between
September 1 and November 1**

**LIMITED LIABILITY COMPANY**Annual Report for the year 2000

- Dated 17/1/80

By _____

Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY

File Date: **FILED**

Check No.: **JAN 03 2001**

By: **By [Signature] 132662**

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number: 98251

Annual Report for the year 1999

1. The name of the limited liability company is: Ira Holtz & Associates, LLC

2. The address of the principal office of the limited liability company is:

91 Friendship Street
Providence, RI 02903

3. The state or other jurisdiction under the laws of which it is formed is: Rhode Island

4. The name and address of its resident agent is: Sandra Matrone Mack as Secretary HASLAW, LLC

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Managing Member, 91 Friendship Street, Providence, RI 02903

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Wholesale jewelry distributor

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated 11-15-99

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.

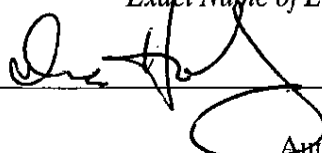
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DEC 09 1999
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SECY OF STATE

Ira Holtz & Associates, LLC

Exact Name of Limited Liability Company

By:



Authorized Person

Title

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
DEC 9 11 24 AM '99

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number: 98251

Annual Report for the year 1998

1. The name of the limited liability company is: Ira Holtz & Associates, LLC
2. The address of the principal office of the limited liability company is:

91 Friendship Street
Providence, RI 02903
3. The state or other jurisdiction under the laws of which it is formed is: Rhode Island
4. The name and address of its resident agent is: James P. Redding, Esq., 170 Westminster Street,
Suite 1000, Providence, RI 02903
5. The current mailing address of the limited liability company and the name or title of a
person to whom communications may be directed are: Managing Member, 91 Friendship Street,
Providence, RI 02903
6. A brief statement of the character of the business in which the limited liability company is actually
engaged in this state: Wholesale jewelry distributor
7. If the limited liability company has managers, the name and address of each manager of the limited
liability company

Name

Address

Dated

12/28/98

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.

FILED

DEC 28 1998

By: CC 2317

Ira Holtz & Associates, LLC

Exact Name of Limited Liability Company

By:

Ira Holtz

Authorized Person

Title

DEC 28 1998