

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 632 Rev. 6/02

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: Septe (FORM MUST BE TYPE			Filing Fee: \$50.00					
I. ID No.		name of the limited lie	abilty company					
98251		Itz & Associates						
3. State of Formation	· · · · · · · · · · · · · · · · · · ·							
RHODE ISLAND		WHOLESALE JEW	ELRI DISTRIBUTOR					
5. Principal office address				City	State		Zip	
91 FRIENDSHIP STREET 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY A				PROVIDENCE	RI		0290	
6. MAILING ADDI	RESS O	E LIMITED LIAB	ILITY COMPANY A	ND_NAME OR TITLE Contact Title	OF CONTACT PI	ERSON:		
MANAGING MEMBI	ER			• Comuci Time				
Street Address				City	State	· · · · · · · · · · · · · · · · · · ·	Zip	
91 FRIENDSHIP				. PROVIDENCE	RI			3
7 NAME AND ADI	DRESS (ED LIABILITY COM			و نواید	
	ΔΝΥ ΜΟ			CHMENTS ("X" BOX P				
Manager Name			MINOLKS REQUIRES I	•Manager Name	.1.G.L_7-10-12 (a) (2	1 1-1-10-32	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	تأسينه سخيدة
NONE				•				
Street Address				• Street Address				
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City		State	Zip	*City	State		Zip	
Manager Name	J			*Manager Name.			1	
		·	,	*	<u></u>			
Street Address				·Street Address				
City	Ī	State	Tar.	· ·	To.		17:-	
City		Jidie	Zip	•City	State		Zip	
8. RESIDENT AGEN	T, IN RH	ODE ISLAND DO	NOT, ALTER- Change	s require filling of Fo	orm 642 - R.I.G.L.	7-16-11		A Section
Agent Name			/	Address	attentia di Alian Canada di Alian Perintahan di Alian di	asaltus Kirkulm		ب سنده که اسانده
JAMES P. REDDI	NG, ES	Q.		1500 FLEET CENT	rer			
Address				City		Zip		
··· <u>. —</u>				PROVIDENCE		02903	<u> </u>	
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inis report musi ve	signeu	in ink by an auii	iorizea person pursui	ani 10 7-10-00.				m
(m.tr								
9								
•				Under penalty of per	rjury, I declare and a	ffirm that I	have exa	mined
			_	this report, including				nents,
98251 DLLC 10/	17/05 0	1:38:01 PM		and that all statemen	us contained herein	are true and	correct.	
File Date								
Check No.				Signature of Authorize	d Person	Date		
<u> </u>		 			/	2000		
В <u>у:</u>				7	duch and a little			
FOR SECRETARY OF	STATE US	SE ONLY		Print or Type Name of	Authorizea Person		_	



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

FORM MUST BE TYPE	D OR PR	INTED IN BLACK	()	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1. ID No. 98251	2. Exact	name of the limited Itz & Associate	d liabilty company	-		•	
3. State of Formation		4. Brief description	of the character of the	business which is actually conduct	ted in Rhode Island		
RHODE ISLAND		WHOLESALE J	EWELRY DISTRIB	UTOR			
5. Principal office addre				City	State	Zip	
91 FRIENDSHIP	STREE	;T		PROVIDENCE	RI	02903	;
6. MAILING ADD F Contact Name MANAGING MEMBI		F LIMITED LI	ABILITY COMPA	NY AND NAME OR TITL. *Contact Title	E OF CONTACT F	ERSON:	- -
Street Address				City	State	Zip	
91 FRIENDSHIP STREET .PROVIDENCE RI 02903							}
		FILL IN SPAC	CES BEFORE USING	ATTACHMENTS ("X" BOX IRES FILING OF AMENDMENT	K FOR ATTACHMENT		
Manager Name 				• Manager Name			
None						<u>-</u>	
Street Address				• Street Address			
Ĉity		State	Zip	*City	State	Zip	
Manager Name		 .	. <u> </u>	Manager Name			
Street Address				•Street Address			
City		State	Zip	City	State	Zip	
8. RESIDENT AGEN	TINRE	ODE ISLAND -	DO NOT ALTER- CH	anges require filing of	Form 642 - R.I.G.I	7-16-11	
Agent Name			_ 	Address		<u> </u>	
JAMES P. REDDI	NG, ES	SQ.		1500 FLEET CE	ENTER		
Address	City PROVIDENCE RI D2903						
				PROVIDENCE		02903	

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



98251 DLLC 09/28/04 03:18:01 PM							
File Date	8	<u>Ou</u>	1				
Check No. 164254							
$B_{\mathcal{Y}:}$							
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 Anthorized I Date James P. Redsling Print or Type Name of Authorized Person



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

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

	YPED OR PRINTED IN BLACE		. .				
1. <i>ID No.</i> 98251	. ID No. 2. Exact name of the limited liabilty company 18251 Ira Holtz & Associates LLC						
3. State of Formation		-	business which is actually conducted	in Rhode Island			
RHODE ISLAN		EWELRY DISTRIB					
. Principal office a		· · · · · · · · · · · · · · · · · · ·	City	State RI	Zip		
91 FRIENDSH			PROVIDENCE		02903		
Contact Name		ABILITY COMPA	Contact Title	OF CONTACT PE	RSON:		
MANAGING ME	MBEK		• •	Io	la:		
iree: Address 1 FRIENDSH	IP STREET		City PROVIDENCE	State RI	<i>Zip</i> 02903		
-	en angele and de la company de	NAGER OF THE	LIMITED LIABILITY COM				
			ATTACHMENTS ("X" BOX F				
	ANY MODIFICATIONS TO	MANAGERS REQU	IIRES FILING OF AMENDMENT. R	.l.G.L 7-16-12 (a) (2) /	7-16-52		
anager Name			• Manager Name				
lone			•				
ireet Address			• Street Address				
City	State	Zip	*City	State	Zip		
•			• '				
Manager Name		1 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Manager Name				
ireet Address			Street Address	<u> </u>			
lity	State	Zip	.City	State	Zip		
RESIDENT A	GENT IN RHODE ISLAND	DO NOT ALTER- C	hanges require filing of Fo	orm 642 - R.I.G.L. 7			
gent Name			Address	<u> </u>			
JAMES P. RE	DDING, ESQ.		1500 FLEET CENT	ΓER			
lddress			City	12	Zip		
			PROVIDENCE	1	02903		
his report mus	t be signed in ink by an	authorized person	pursuant to 7-16-66.				
	9 8 2 5 1		Under penalty of pe	riury I declare and af	Firm that I have examined		
98251 DLLC File Date Check No. By:	10/15/03 12:45:53 PM / Q . // · O 5 /5 7220 Qu	-	this report, includin and that all statements of Authors James P. F.	g any accompanying sonts contained herein a defersion	schedules and statements,		
FOR SECRETARY	Y OF STATE USE ONLY		Print or Type Name of	Southorized Persin	Form 632 Rev. 6/		



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

IMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002 iling Period: September 1 - November 1 • Filing Fee: \$50 00

r uing Perioa: Sepu (FORM MUST BE TYP.			ruing ree: \$50.00					
1. ID No. *98251*	98251* Ira Holtz & Associates LLC							
3. State of Formation RHODE ISLAND		4. Brief description of WHOLESALE JEW	the character of the busines. ELRY DISTRIBUTOR	s which is actually conducted	in Rhode Island			
5. Principal office addr 91 FRIENDSHIF		T		City PROVIDENCE	State RI		Zip 02903	
6. MAILING ADD Contact Name MANAGING MEMB		F LIMITED LIAB	ILITY COMPANY AN	O NAME OR TITLE	OF CONTACT P	ERSON:		
Street Address 91 FRIENDSHIP	STREE!	r .		City PROVIDENCE	State RI		^{Zip} 02903	
7. NAME AND AD		FILL IN SPACES	BEFORE USING ATTA	ED LIABILITY COM CHMENTS ("X" BOX F ILING OF AMENDMENT. F	OR ATTACHMENT)			
Manager Name	·— — · · .	· · · · · · · · · · · · · · · · · ·		· Manager Name	<u> </u>			
Street Address				· Street Address				
City		State	Zip	*City	State	ľ	Zip	
Manager Name	ا. <u></u>	: • • • • • • • • • • • •		Manager Name		• • • • • •	• • • • • • • • • •	
Street Address			·	Street Address				
City		State	Zip	City	State	· · ·	Zip	
Agent Name			NOT ALTER- Change	s require filing of F	orm 642 - R.I.G.L	. 7-16-11		
JAMES P. REDD	ING, ES	Q.		1500 FLEET CEN	TER	ler:		
Address			City Zip PROVIDENCE 02903					

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



98251	DLLC10/21/0211:26:11 AM						
File Date_							
Check No.	'NOV 0 7 2002						
В <u>у:</u>	By Cc 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.

prized Person James P. Redding Form 632 Rev. 6/02 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 compa	any is:							
	Ira Holtz & Associates LLC								
2.	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	ne 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 PROVIDENC	E RI 02903							
5.	The current mailing address of the lin	nited 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							
7.	state: Wholesale jewelry distributed liability company has managed Name	anagers, the name and address of each manager of the limited liability company Address							
D	ated 10.15.01	Under penalty of perjury, I declare and affirm that I have examined this							
U	ated [[[[]]]]]	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.							
		Ira Holtz & Associates LLC							
	9 8 2 5 1	Exact Name of Limited Liability Company							
	FOR SECRETARY OF STATE USE ONLY le Date: / O - 22 - O /	By Resident Agent In Italy							
Сп	neck No.: 138940	Title Form No. 632 Revised 01/99							



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 2000								
1.		the limited liability company	y is:								
2.	Ira Holtz & Associates, LLC The address of the principal office of the limited liability company is: 91 Friendship Street, Providence, RI 02903										
3. 4.	The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND 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 stater	lry	ne business in which the limited liability company is actually engaged in this								
7.	If the limited	gers, the name and address of each manager of the limited liability company Address									
Da	ated	11/1/00	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								
	e Date: eck No.:	AN 0 3 2001	Form No. 632								

Filing Fee: \$50.00

Revised 8/97

To be filed annually between September I and November I

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 L	IABILITY COMPANY	
ID Number: 98251	Annual Report fo	r the year 1999
1. The name of the limited liability company is:	Ira Holtz & Associates, L	LC
2. The address of the principal office of the limite	ed liability company is:	
91 Friendship Street Providence, RI 02903		
3. The state or other jurisdiction under the laws of	f which it is formed is:	Rhode Island
4. The name and address of its resident agent is:	Sandra Matrone Mack as Secre	etary HASLAW, LLC
5. The current mailing address of the limited liabi person to whom communications may be direct Providence, RI 02903		title of a er, 91 Friendship Street,
 6. A brief statement of the character of the busine engaged in this state: Wholesale jewelry 7. If the limited liability company has managers, the liability company 	distributor	0 1000
Name	Address	S TATE
report, include	alty of perjury, I declare and at ling any accompanying schedu that all statements contained h Ira Holtz & Associates, L Exact Name of Limited Liability	les and statements, and erein are true and correct. LC ty Company
	Authorized Perso	nii
Form No. LLC-19		

Filing Fee: \$50.00

To be filed annually between September I and November I

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 LIAE	BILITY COMPANY	
ID Number: 98251		Annual Report for th	ne year 1998
1. The name of the limited liability	company is:	Ira Holtz & Associates, LLC	
2. The address of the principal office	ce of the limited l	iability company is:	
91 Friendship Street Providence, RI 02903			
3. The state or other jurisdiction un	ider the laws of w	which it is formed is:	Rhode Island
4. The name and address of its residual Suite 1000, Providence, RI 02	James P. Redding, Esq., 170) Westminster Street,	
5. The current mailing address of the person to whom communications Providence, RI 02903			tle of a 91 Friendship Street,
6. A brief statement of the characte engaged in this state: Whole	er of the business esale jewelry dist		company is actually
7. If the limited liability company has liability company	as managers, the	name and address of each man	nager of the limited
Name		Address	S
Dated [2] 28 98 DEC 2 8 1998 By Cc 2317	report, inc	of perjury, I declare and affine cluding any accompanying set all statements contained here Ira Holtz & Associates, LLC act Name of Limited Liability	hedules and statements, and ein are true and correct.
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88° H9 se S 83	Z J≅D Z	Authorized Person Title	
Form No. LLC-1 9'AId SHOULYHOUS Revised 8/97	00 SEC!		

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