



**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)

1. Corporate ID No. 65053		2. Name of Corporation RHODE ISLAND WHOLESALE JEWELRY, INC.			
3. Street Address Principal Business Office 115 Killingly Street			City Providence	State RI	Zip 02909
4. Business Phone No. (401) 946-6109		5. State of Incorporation RHODE ISLAND		6. SIC Code 1883	
7. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURE WHOLESALE COSTUME JEWELRY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul M. Sacco			Vice President Name Kathleen M. Sacco		
Street Address 115 Killingly Street			Street Address 115 Killingly Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Kathleen A. Sacco			Treasurer Name Paul M. Sacco		
Street Address same as above			Street Address same as above		
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 NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES	
2,000 NO PAR VALUE				200	
				common	
				no par value	

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



\*65053\*

File Date 1/31/05  
Check No. 13816  
By: SA  
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.

Paul M. Sacco  
Signature of Officer  
Date  
Paul M. Sacco  
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 2004

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. (65053), 2. Name of Corporation (RHODE ISLAND WHOLESALE JEWELRY, INC.), 3. Street Address (115 Killingly Street), 4. Business Phone No. ((401) 946-6109), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (1883), 7. Brief Description of the Character of Business (MANUFACTURE WHOLESALE COSTUME JEWELRY), 8. NAMES AND ADDRESSES OF THE OFFICERS (President: Paul M. Sacco, Vice President: Kathleen A. Sacco), 9. NAMES AND ADDRESSES OF THE DIRECTORS (NONE), 10. SHARES AUTHORIZED (2,000 NO PAR VALUE), 11. SHARES ISSUED (200 common no par value).

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



\* 6 5 0 5 3 \*

RECEIVED stamp with fields: File Date, Check No. (JAN 27 2004), By (DY), 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 Officer (Paul M. Sacco), Date, Print or Type Name of Officer (President), Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 65053  
2. Name of Corporation. RHODE ISLAND WHOLESALE JEWELRY, INC.  
3. Street Address Principal Business Office 115 Killingly Street Providence RI 02909  
4. Business Phone No. (401) 946-6109  
5. State of Incorporation RHODE ISLAND  
6. SIC Code 1883

7. Brief Description of the Character of Business Conducted in Rhode Island  
Manufacture wholesale costume jewelry

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

President Name Paul M. Sacco	Vice President Name Kathleen A. Sacco
Street Address 115 Killingly Street	Street Address 115 Killingly Street
City State Zip Providence RI 02909	City State Zip Providence RI 02909
Secretary Name Kathleen A. Sacco	Treasurer Name Paul M. Sacco
Street Address same as above	Street Address same as above
City State Zip	City State Zip

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

Director Name NONE	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)**

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
2,000 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
200	common	no par value

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



\* 6 5 0 5 3 \*

File Date: 2/13/03  
Check No.: 12595  
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.

[Signature] 2/10/03  
Signature of Officer Date

Paul M. Sacco  
Print or Type Name of Officer

President

Title of Officer



**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. 65053		2. Name of Corporation RHODE ISLAND WHOLESALE JEWELRY, INC.	
3. Street Address Principal Business Office 115 Killingly Street		City Providence	State RI
4. Business Phone No. (401) 946-6109		5. State of Incorporation RHODE ISLAND	6. SIC Code 1883
7. Brief Description of the Character of Business Conducted in Rhode Island Manufacture wholesale costume jewelry			

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

President Name Paul M. Sacco			Vice President Name Kathleen A. Sacco		
Street Address 115 Killingly Street			Street Address 115 Killingly Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Kathleen A. Sacco			Treasurer Name Paul M. Sacco		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip

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

Director Name NONE			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
2,000 NO PAR VALUE			200	common	no par value

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



\* 6 5 0 5 3 \*

File Date: 2-25-02  
12029  
Check No.: \_\_\_\_\_  
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.

[Signature] 2/21/02  
Signature of Officer Date

Paul M. Sacco  
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. **65053** 2. Name of Corporation **RHODE ISLAND WHOLESALE JEWELRY, INC.**  
3. Street Address Principal Business Office **115 Killingly Street** City **Providence** State **RI** Zip **02909**  
4. Business Phone No. **(401) 946-6109** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1883**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Manufacture wholesale costume jewelry**

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

President Name <b>Paul M. Sacco</b> Street Address <b>115 Killingly Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02909</b>	Vice President Name <b>Kathleen A. Sacco</b> Street Address <b>115 Killingly Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02909</b>
Secretary Name <b>Kathleen A. Sacco</b> Street Address <b>same as above</b> City _____ State _____ Zip _____	Treasurer Name <b>Paul M. Sacco</b> Street Address <b>same as above</b> City _____ State _____ Zip _____

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

Director Name <b>NONE</b> 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  
**2000 SHARES NO PAR VAL**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**200 common no par value**

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



\* 6 5 0 5 3 \*

File Date: 2/14

Check No.: 11352

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] 2/9/01  
Signature of Officer Date

Paul M. Sacco  
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. **65053** 2. Name of Corporation **RHODE ISLAND WHOLESALE JEWELRY, INC.**  
3. Street Address Principal Business Office **115 Killingly Street** City **Providence** State **RI** Zip **02909**  
4. Business Phone No. **(401) 946-6109** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1883**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Manufacture wholesale costume jewelry**

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

President Name <b>Paul M. Sacco</b> Street Address <b>115 Killingly Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02909</b>	Vice President Name <b>Kathleen A. Sacco</b> Street Address <b>115 Killingly Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02909</b>
Secretary Name <b>Kathleen A. Sacco</b> Street Address <b>same as above</b> City _____ State _____ Zip _____	Treasurer Name <b>Paul M. Sacco</b> Street Address <b>same as above</b> City _____ State _____ Zip _____

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

Director Name <b>NONE</b> 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  
**2000 SHARES NO PAR VAL**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**200 common no par value**

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



\* 6 5 0 5 3 \*

File Date: FEB 28 2000

Check No.: FEB 28 2000

By: 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.

Paul M. Sacco 2/23/00  
Signature of Officer Date

Paul M. Sacco  
Print or Type Name of Officer

President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>65053</b>		2. Name of Corporation <b>RHODE ISLAND WHOLESALE JEWELRY, INC.</b>	
3. Street Address Principal Business Office <b>115 Killingly Street</b>		City <b>Providence</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 946-6109</b>		5. State of Incorporation <b>RHODE ISLAND</b>	6. SIC Code <b>1883</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>manufacture wholesale costume jewelry</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>Paul M. Sacco</b>		Vice President Name <b>Kathleen A. Sacco</b>	
Street Address <b>115 Killingly Street</b>		Street Address <b>115 Killingly Street</b>	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>Providence</b>
Secretary Name <b>Kathleen A. Sacco</b>		Treasurer Name <b>Paul M. Sacco</b>	
Street Address <b>same as above</b>		Street Address <b>same as above</b>	
City	State	Zip	City
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <b>NONE</b>		Director Name	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
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
<b>2000 SHARES NO PAR VAL</b>			<b>200</b>
			<b>common</b>
			<b>no par value</b>

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



File Date: Jan 28, 99  
Check No.: 09812  
By: JD  
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 Officer: Paul M. Sacco Date: 1/25/99  
Print or Type Name of Officer: Paul M. Sacco  
Title of Officer: President

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>65053</b>		2. Name of Corporation <b>RHODE ISLAND WHOLESALE JEWELRY, INC.</b>			
3. Street Address Principal Business Office <b>115 Killingly Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
4. Business Phone No. <b>(401) 946-6109</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>1883</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>manufacture wholesale of costume jewelry</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Paul M. Sacco</b>			Vice President Name <b>Kathleen A. Sacco</b>		
Street Address <b>115 Killingly Street</b>			Street Address <b>115 Killingly Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
Secretary Name <b>Kathleen A. Sacco</b>			Treasurer Name <b>Paul M. Sacco</b>		
Street Address <b>same as above</b>			Street Address <b>same as above</b>		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>NONE</b>			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
<b>2000 SHARES NO PAR VAL</b>			<b>200</b>	<b>common</b>	<b>no par value</b>

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



\* 6 5 0 5 3 \*

File Date: **2/5/98**  
Check No.: **8951**  
By: **UP**

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 Officer: **Paul M. Sacco** Date: **2/2/98**  
Print or Type Name of Officer: **Paul M. Sacco**  
Title of Officer: **President**



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>65053</b>		2. Name of Corporation <b>RHODE ISLAND WHOLESALE JEWELRY, INC.</b>	
3. Street Address Principal Business Office <b>115 Killingly Street</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02909</b>	
4. Business Phone No. <b>(401) 946-6109</b>	5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>1883</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>manufacture wholesale of costume jewelry</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name <b>Paul M. Sacco</b>		Vice President Name <b>Kathleen A. Sacco</b>	
Street Address <b>115 Killingly Street</b>		Street Address <b>115 Killingly Street</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02909</b>		Zip <b>02909</b>	
Secretary Name <b>Kathleen A. Sacco</b>		Treasurer Name <b>Paul M. Sacco</b>	
Street Address <b>same as above</b>		Street Address <b>same as above</b>	
City	State	City	State
Zip		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <b>NONE</b>		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares
<b>2000 SHARES NO PAR VAL</b>			<b>200</b>
			<b>common</b>
			<b>no par value</b>

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



File Date: 2-13-97  
Check No.: 7925  
By: PCP / JCC  
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 Officer: Paul M. Sacco Date: 2/4/97  
Print or Type Name of Officer: Paul M. Sacco  
Title of Officer: President

**PROFIT CORPORATION  
ANNUAL REPORT**

**1996**



State of Rhode Island and Providence Plantations  
James R. Langevin, *Secretary of State*  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 65053		2. NAME OF CORPORATION RHODE ISLAND WHOLESALE JEWELRY, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 115 Killingly Street		CITY Providence	STATE RI
4. BUSINESS PHONE NO. (401) 946-6109		5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE 1883
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND manufacture wholesale of costume jewelry			

**8. NAMES AND ADDRESSES OF THE OFFICERS**

PRESIDENT NAME Paul M. Sacco			VICE PRESIDENT NAME Kathleen A. Sacco		
STREET ADDRESS 115 Killingly Street			STREET ADDRESS 115 Killingly Street		
CITY Providence	STATE RI	ZIP CODE 02909	CITY Providence	STATE RI	ZIP CODE 02909
SECRETARY NAME Kathleen A. Sacco			TREASURER NAME Paul M. Sacco		
STREET ADDRESS Same as Above			STREET ADDRESS Same as Above		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

**9. NAMES AND ADDRESSES OF THE DIRECTORS**

DIRECTOR NAME None			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

**10. SHARES AUTHORIZED AND ISSUED**

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
2000 SHARES	NO PAR VAL		200	Common	No 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.

File Date: 2/21/96  
Check No: 6784  
By: CS/CP  
For Secretary of State Use Only

*Paul M. Sacco*  
Signature of Officer  
Paul M. Sacco  
Print or Type Name of Officer  
President  
Title of Officer  
2/21/96 CS  
Date



**FILED**

FEB 28 1995

B, M.H. 5474

**ANNUAL REPORT**

Please Type or Print  
 File Annually - Jan. 1 - March 1  
 Filing Fee \$50.00  
 Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0065053 Annual Report for the year: 1995

Name of Corporation: RHODE ISLAND WHOLESALE JEWELRY, INC.

Business entity organized under the laws of the State of: Rhode Island  
 For foreign entity, address and telephone number of principal office:  
 Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )  
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
115 Killingly Street  
Providence, RI 02909  
 Phone: ( 401 ) 946-6109  
 Brief statement of the character of business conducted in Rhode Island:  
manufacture wholesale of costume jewelry

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Paul M. Sacco	115 Killingly Street, Providence, RI	02909	
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Kathleen A. Sacco	115 Killingly Street, Providence, RI	02909	
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Kathleen A. Sacco	Same as Above		
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Paul M. Sacco	Same as Above		

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
None			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
2000	Common, Without Par Value	200	Common, Without Par Value

Date: January 2, 19 95  
 By: Paul M. Sacco  
 PRINT OR TYPE NAME OF OFFICER SIGNING  
President  
 TITLE OF OFFICER SIGNING

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

REVENS, BLANDING, REVENS  
 946 CENTERVILLE RD.  
 WARWICK RI 02886

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903 1335  
401 277-3040

File Annually  
LLC: Sept 1 - Nov. 1  
CORP: Jan 1 - March 1

Corporate ID: 0065053 Annual Report for the year: 1994

Name of Business Entity: RHODE ISLAND WHOLESALE JEWELRY, INC.

Business entity organized under the laws of the State of: Rhode Island

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

115 Killingly Street  
Providence, RI 02909

Phone ( 401 ) 946-6109

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Revens, Lanni, Revens & St. Pierre  
946 Centerville Rd.  
Warwick, RI 02886

Brief statement of the character of business conducted in Rhode Island:

manufacture, wholesale of costume jewelry

Date of Organization: 7/29/91

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

OFFICE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> PRESIDENT (SEE RIGL 7-1.1)	Paul M. Sacco	115 Killingly Street, Providence, RI	02909	
<input type="checkbox"/> VICE PRESIDENT (SEE RIGL 7-1.1)	Kathleen A. Sacco	115 Killingly Street, Providence, RI	02909	
<input checked="" type="checkbox"/> SECRETARY (SEE RIGL 7-1.1)	Kathleen A. Sacco	Same as Above		
<input checked="" type="checkbox"/> TREASURER (SEE RIGL 7-1.1)	Paul M. Sacco	Same as Above		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NONE			

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	2000	NUMBER	200
CLASS	Common	CLASS	Common
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	Without Par Value	PAR VALUE OR WITHOUT PAR	Without Par Value

RHODE ISLAND WHOLESALE JEWELRY, L.I.C.

Date January 3 19 94

By: [Signature]

**FILED**

MAR 09 1994

By LCW 9403

Paul M. Sacco

President

TITLE OF OFFICER SIGNING

Form 3-1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

REVENS, BLANDING, REVENS  
946 CENTERVILLE RD.  
WARWICK RI 02886

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0055053 Annual Report for the year 1993

FIRST: The name of the corporation is RHODE ISLAND WHOLESALE JEWELRY, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is manufacture, wholesale of costume jewelry  
and related items and other lawful purposes

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 946 Centerville Road, Warwick, RI 02886

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

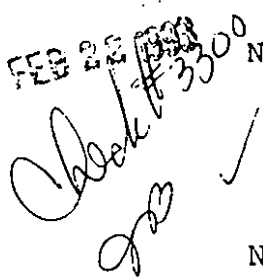
Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
Paul M. Sacco	President	115 Killingly Street Providence, RI 02909
Kathleen A. Sacco	Vice President	115 Killingly Street Providence, RI 02909
Kathleen A. Sacco	Secretary	Same as Above
Paul M. Sacco	Treasurer	Same as Above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2000	Common		No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		No par value

*Check # 3300*  
  
 FEB 22 1993

Dated January 4 19 93

RHODE ISLAND WHOLESALE JEWELRY, INC.

(Name of Corporation)  
By Paul M. Sacco  
PAUL M. SACCO  
Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

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Warwick, RI 02886

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Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Paul M. Sacco	President	115 Killingly Street Providence, RI 02909
Kathleen A. Sacco	Vice President	115 Killingly Street Providence, RI 02909
Kathleen A. Sacco	Secretary	115 Killingly Street Providence, RI 02909
Paul M. Sacco	Treasurer	115 Killingly Street Providence, RI 02909

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No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		No par value

**PAID**  
**FEB 14 1992**  
**SECY OF STATE**

Dated January 6, 1992

RHODE ISLAND WHOLESALE JEWELRY, INC.  
(Name of Corporation)  
By Paul M Sacco  
PAUL M. SACCO  
Title President

(Report must be signed by an officer)