

FOR SECRETARY OF STATE USE ONLY

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

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN B	LACK)				
1. Corporate ID No.	2. Name of Corporation				
88859	Alviti Link - All,	Inc.			
3. Street Address Principal Busin			City	State	Zip
165 DYERVILLE AVE	NUE		JOHNSTON	RI	02919
4. Business Phone No.		5. State of Incorporation			6. SIC Code
4018616656		RHODE ISLANI)		1883
7. Brief Description of the Chara TO MANUFACTURE MACHI			RY RELATEDINDUSTRI	ES.	
8, NAMES AND ADDRESS	ES OF THE OFFIC	ERS ("X" BOX FOR A	TACHMENT) [] FILL IN	SPACES BEFORE USING AT	PACHMENTS
President Name			Vice President Name	•	
Lucille Knight			• Robert V. A	maral	
Street Address			Street Address	_	
165 Dyerville Av			 165 Dyervil 		···
City	State	Zip	City	State	Zip
Johnston Secretary Name	J. RI	02919	Johnston Treasurer Name	lRI	
Lucille Knight			Lucille Kni	ght	
Street Address			Street Address		
same		_	· same		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS Director Name	ES OF THE DIREC	TORS ("X" BOX FOR	Director Name	N SPACES BEFORE USING A	TTACHMENTS
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Street Address			Street Address		12 N
				·	
City	State	Zip	·City	State	Zip
	J			l	<i> </i>
Director Name			• Director Name •		
Court Address			· Street Address		
Street Address			*Sirtel Address		
City	Sale	Zip	City	State	Zip
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This report must be signe	d in ink by either	the President. Vice I	resident. Secretary. As.	sistant Secretary. Treasu	rer. Receiver or Truste
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LI 18101 18383 1810					
8 8 8	5 9			perjury, I declare and affirm t	
• • • •				ing any accompanying schedu	
88859 DBC 05/13/105	1.49:07 AM		(and that all statem	ents contained herein are true	and complet.
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File Date MAV 1 0	2005 / /	:ck	<u>Vucill</u>	- March	<u> ()[[][0:5</u>
	3 2005 <i>(b(</i> 8	الا	Signature of Officer	0	ate
Check No. By	TV		Lucille Kr		<u> </u>
By:	140	.	Print or Type Name	oj Ojjicer	
~ z: .		1	Drocidont		

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

2004 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

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

88859	I				
20002	Alviti Link -	All, Inc.			
3. Street Address Principal Busi	ness Office		City	State	Ζφ
165 Dyerville	Avenue		Johnston	RI	02919
4. Business Phone No.		5. State of Incorporati	on		6. SIC Code
(401) 861-6656		RHODE ISLAN	ND .		1883
7. Brief Description of the Chan TO MANUFACTURE	acter of Business Conducte MACHINERY FOR TI	rd in Rhode Island HE JEWELRY AND JEWE	ELRY RELATEDINDUSTRIES		
8. NAMES AND ADDRES	SES OF THE OFFIC	ERS: ("X" BOX FOR A	TTACHMENT) FILL I	N SPACES BEFORE USING	G ATTACHMENTS
President Name			Vice President Name		
Lucille Knight			Robert V. Ama	ral	
Street Address	· •	·	Street Address		
165 Dyerville	Avenue		165 Dyerville	Avenue	
City	State	Zip	City	State	Zip
.Iohnston	ኝ ^ኒ RI	02919	Johnston	RI	02919
Secretary Name			Treasurer Name		
Lucille Knight		Lucille Knight			
Street Address		Street Address			
same		same			
City	State	Ζφ	City	State	Zip
9. NAMES AND ADDRES	SSES OF THE DIREC	TORS: ("X" BOX FOR		IN SPACES BEFORE US	NG ATTACHMENTS
Director Name			Director Name		
Street Address			Street Address		•
City	State	Zφ	City	State	Zip
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Director Name			Director Name		
Street Address		.	Street Address	<u>-</u>	
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACI	HMENT)
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			100	common	no par vålue
			100	Common	iio par siarae
					Receiver or Trustee

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File Date	2-18-04
Check No.	5440
Ву:	
F	OR SECRETARY OF STATE USE ONLY

including any accompanying sche	and affirm that I have examined this report dules and statements, and that all statements
contained herein are true and com	2/16/04
Signature of Officer	△ Date
Lucille Knight	
Prins or Type Name of Officer	
President	
Title of Officer	Form 630 Pay 12/03

FOR SECRETARY OF STATE USE ONLY

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

STOP PHANEREAD INVIRECTIONS

Form 630 12/02

(FORM MUST BE TYPED	OR PRINTED IN BLACK)	3 / - · · · · · · · · · · · · · · · · · ·			
1. Carporate ID No.	2. Name of Corpor	ation			
88859	Alviti Link -	All, Inc.			
3. Street Address Principa	ni Business Office		City	State	Zíp
	Dyerville_Aven	ue	Johnston	RU	9.2818
4. Business Phone No.		5. State of Incorporatio			6. SIC Code
401-	861 <u>-6656</u>	RHODE ISLAN			1883
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<u>jewelry re</u>	<u>lated</u> industri	es_a_to_do_eve	ery_act_&thing_	common Ly_done	by_jewelry_and
President Name	innkisses of the ou	JCERO TV BOY LOW WITH	Vice President Name Or	jewelry mach	inery
	LLE_KNIGHT			_AMARAL	•
Street Address	<u> </u>	·	Street Address		
165	Dverville Aven	ue	same		
City	Dyerville Aven	Zip	City	State	Zip
Jona	ston KI	02919			
Secretary Name			Treasurer Name		•
I .	LLE_KNIGHT		LUCI-LLE_K	NIGHT	· · · · · · · · · · · · · · · · · · ·
Street Address	4		Street Address		
SAME	State	Zip	City SAME	State	Zip
City	State	214	City	J. L.	2.9
O NAMES AND A	DDRESSES OF THE DIE	RECTORS (*X* ROX FOR A	TTACHMENT) FILL IN SPA	CES/BEFORE USING AT	TACHMENTS
Director Name			Director Name		
j					
Street Address			Street Address		
<u> </u>	00003	<u> </u>			
City	State pur cu	Zip	City	State	Zip
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Director Name	i i i i i i i i i i i i i i i i i i i		Director Name		
Street Address			Street Address		
1					
City	State	Zip	City	State	ZIp
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10. SHARES AUTH	ORIZED ("X" BOX FOR AT	ТАСНМЕЙТ)	11. SHARES ISSUED	("X" BOX FOR ATTACHME	VT) []
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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	- 		100		none
<u> </u>					
L					
This report must	be s igned in ink by ei	ther the President, Vic	e President, Secretary, As	ssistant Secretary, Trea	surer, Receiver or Trustee
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			• •	perjury, I declare and affi	
	* 8 8 8 5 9	•	-		chedules and statements, and
•	7.26.03		that all statement	s contained herein are tr	ne and correct
File Date:	O. CAN D.		10,000	1(24)	2/25/03
l	1826		Signature of Officer		Date

Title of Officer

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Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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Ferm 630 12/01

(FORM MUST BE TYPED IN BLACK					
1. Corporate ID No.	2. Name of Corporation				
88859 3. Street Address Principal Business Off	Alviti Link - All, I	nc.	<u> </u>	· · · · · · · · · · · · · · · · · · ·	·
			City	State	Zip
165 DYERVILLE 4. Business Phone No.	AVENUE	5. State of Incorporation	JOHNSTON	RI	02919
401 861 6656		RHODE ISLAND			6. SIC Code 1883
7. Brief Description of the Character of	Business Conducted in Rho		turo machinery for t	ho jarolmus jo	
industries s to	do every act	thing commonly	y done by jewelry &/	the lemetry or le	welly related
6. NAMES AND ADDRESSE	STOP THE OFFICER	Sex sex ses sesses	AND DETERMINISPACES REF	DELISING ATTACHME	NTC BEACH AND
President Name			Vice President Name	Angesing ATTACHINE	IN SO SHEETS WASHE IT NOT
LUCILLE KNIGHT			ROBERT V AMARAL		
Street Address			Street Address		
165_DYERVILLE AV	ENUE		SAME		
City	State	Zip .	City	State	Zip
JOHNSTON	RI	02919		<u> </u>	
Secretary Name		•	Treasurer Name		
LUCILLE_KNIGHT_			LUCILLE KNIGHT	····	
Street Address			Street Address		
City	State	71-	SAME	1 	<u> </u>
	· ·	Zip 	City	State	Złp
9. NAMES AND ADDRESSE	L SOPTIFICATION	TOTAL /GOD STATE STATE OF THE C	: Diversida de la		TO SECURE OF THE PARTY OF PERSONS
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City	State	Zip	City	State	Zip
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Director Name			Director Name	•	••••••••••
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Street Address			Street Address		
City	State	Zip	City	Te.	
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10. SHARES AUTHORIZED	Y PROVERON ANTACHY	ACTION AND AND AND AND AND AND AND AND AND AN	: YDYGUADRGUGGHEGYZDZZZZ		20 man (20 m)
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE	· · · · · · · · · · · · · · · · · · ·		100		NONE
					
This report must be signed	in ink by either th	ne President: Vice Pre	esident Secretary Assistant	Secretary Treasurer	Receiver or Trustee
			, occiciary, nooistairt	occiemy, incasulei,	weretaet of trastes.

Will Date:

* 8 8 8 5 9 *

Under penalty of perfury, 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

Lucille Knight

Print or Type Name of Officer

President

Title of Officer

€> 5



(FORM MUST BE TYPED IN BLACK)

FOR SECRETARY OF STATE USE ONLY

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLANSE READ INSTRUCTIONS

1. Corporate ID No. 88859	2. Name of Corporation Alviti Link	- All, Inc.			
3. Street Address Principal B 165 DYERVILLE	usiness Office	<u> </u>	City	State	2ip 02919
4. Business Phone No. 401 861 6656		S. State of Incorporation RHODE ISLAND			6 Y863°
7. BTO MANUFÁCTU THING COMMO	RE"MACHINERY FOR T NLY DONE BY JEWELRY	THE SEWELRY & JEW	VELRY RELATED INDUST	RIES & TO DO EVE	RY ACT &
8: NAMES AND AD	DRESSES OF THE OFFICE	RS ("X" BOX FOR ATTACH	MENT) FILLUIN SPACES BEF	ADD LICENS ATTACHE	AT A THE
President Name LUCILLE ALVITI		· · · · · ·	Vice President Name ROBERT · V:		MENIS & S
Street AddrEENTRAL A	VENUE	·	Street Address SAME	NIMKALI	
CiryJOHNSTON	State RI	^{Zip} 02919	City	State	Z(p
Secretary Name LUCILLE ALVITI	KNIGHT	a dia pamana and direk a distribution of management of debuts.	Treasurer Name LUCILLE ALV	بارسیدی اور از KNIGHT	· · · · · · · · · · · · · · · · · · ·
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip '
9. NAMES AND ADI	DRESSES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES B	EFORE USING ATTAC	HMENTS (A)
Director Name			Director Name		, , , , , , , , , , , , , , , , , , ,
Street Address	,		Street Address		4
	State State	Zip	City	State	Zip
Director Name		••••••••••••	Director Name	•••••••••••••••••••••••••••••••••••••••	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHO	RIZED ("X" BOX FOR ATTACH	MENT)	11. SHARES ISSUED'("X" B	OX FOR ATTACHMENT)'	Contract of the same
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS NO PA	AR VALUE	:	100	N	IONE
This report must be	signed in ink by either	the President, Vice Pr	esident, Secretary, Assistan	t Secretary, Treasure	r, Receiver or Trustee

8 8 8 5 9

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.

Robert V. American Date:

Check No.:

3721.

Check No.:

A manal.

Signature of Officer

ROBERT V. AMARAL

Print or Type Name of Officer

VICE PRES.

Title of Officer



2. Name of Corporation

Alviti Link - All, Inc.

(FORM MUST BE TYPED IN BLACK)

3. Street Address Principal Business Office

165 DYERVILLE AVENUE

1. Corporate ID No.

4. Business Phone No.

Check No.:

FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

Zip

02919 6. SIC Code

State

RI

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000. Filing Period: January 1-March 1 • Filing Fee: \$50.00

5. State of incorporation

City

JOHNSTON

STOP FILMER OF INVERTIBIES

401 861 6656		RHODE ISLA	ND		1883	
7. Brief Description of the Ch	naracter of Business Conducted	in Rhode Island TO MANU	FACTURE MACHINERY	FOR THE JEWELRY	& JEWELRY RELATED	
TUDOSTRIES & IC	O DO EVERY ACT	S THING COMMONLY	DONE BY JEWELRY 8	VOR JEWELRY MACE	HINERY.	
8. NAMES AND ADI: President Name	DREZZEZ OD OFFICÔT	IGERS (EXP. BOX FOR ATT	ACHMENT). IFILL IN SPACE	ES BEFORE USING ATTA	CHMENTS YOU THE TENT	
VINCENT ALVITI			Vice President Name LUCILLE ALVIT	KNIGHT		
Street Address 206 CENTRAL AVI	ENUE		Street Address 281 CENTRAL AVENUE			
City	State	Zip	City	State Zip		
JOHNSTON	RI	02919	JOHNSTON	RI	02919	
Secretary Name	······		Treasurer Name			
LUCILLE ALVITI	KNIGHT		VINCENT ALVITI	ī	• • • • •	
Street Address		Street Address		· · · · · · · · · · · · · · · · · · ·		
SAME		SAME				
City	State	Zip	City	State	Zip	
9. NAMES AND ADI	RESSES OF THE DIR	ECTORS (EX. BOX FOR A	TTACHMENT) TILL IN SPA	CES BEFORE USING AT	TACHMENTS:	
Director Name	, ,		Director Name	the state of the s	The second secon	
·						
Street Address			Street Address		,	
City	State	Zip	City	State	Zip	
	,					
Director Name	********	• • • • • • • • • • • • • • • • • • • •	Director Name		••••••••••••••••••••••••••••••••	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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10.1SHARES AUTHOI	RIZED (EXCHONFORATI	ACHMENT)	11. SHARES ISSUED	MEX BOX FOR ATTACHMEN		
AUTHORIZED SHARES			ESSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
100 SHS NO PA	R VALUE		1			
			100		NOne	
					j	
						
This report must be	signed in ink by eit	her the President, Vic	e President, Secretary, A	ssistant Secretary, Treas	surer, Receiver or Trustee	
			·	<i>:</i>		
	63 (8) (8) (3) (8) (6) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8)					
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· · ·	88859	r.		perjury, I declare and affir		
			uns repojt, inclut	arrig arry accountanting sc	hedules and statements, and	

Signature of Officer

Print or Type Name of Officer

Date



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

•	STOP	
	P. LASICKLAG	
	IXERU HOXX	

(FORM MUST BE TYPED IN BL.	ACK)				
1. Corporate ID No 88859	2. Name of Corpora Alviti Link •				9
3 Street Address Principal Busines:	s Office		City	State	Zip
165 DYERVILL	E AVENUE		JOHNSTON	RI	02919
4. Business Phone No.		5 State of Incorporation			6 SIC Code
<u>401 861 6656</u>		RHODE ISLA			1883
7. Brief Description of the Characte	er of Business Conducted i	n Rhode Island TO MANU	FACTURE MACHINERY FO	OR THE JEWELRY	AND JEWELRY RELATE
INDUSTRIES AND	TO DO EVERY	ACT AND THING O	OMMONLY DONE BY JEWE	LRY AND/OR JEV	ELRY MACHINERY
President Name	view fore married or	CINCO AND SON MORE THE	Vice President Name	TINE STATES OF THE STATES	
VINCENT ALVI	m r		UCILLE ALVI	יין אאזכטיי	MANUFACTURERS.
Street Address	****		Street Address	II MILGIII	·- <u></u>
206_CENTRAL	AVENUE	·	281_CENTRAL_AV	ENUE	•
City	State	Zip	City	State	Zip
JOHNSTON	RI	01929	JOHNSTON	RI	02919
Secretary Name			Treasurer Name		•
LUCILLE ALVI	TI KNIGHT	· · ·	VINCENT ALVI	TI	
Street Address			Street Address		:
City	State	Zip	SAME	- Crass	
City	state	Z ip	City	State	Zip
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Director Name			Director Name	a nanavata sama var	37,000,000,000
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Street Address			Street Address		
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City	State	Zip	City	State	Zıp ;
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Director Name			Director Name		
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AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS NO PAR V	ALUE		100		none
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This report must be sign	ned in ink by eit)	ner the President, Vic	e President, Secret <mark>ar</mark> y, Assi	stant Secretary, Trea	surer, Receiver or Trustee
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8 8 5 9 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, المرزاسة any accompanying schedules and statements, and extrue and correct. neced Signature of Officer Vincent Alviti Print or Type Name of Officer <u>President</u>

Title of Officer



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

FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT 1997 Filing Period: January 1-March 1 • Filing Ferriod:

orporate ID No 88859	2. Name of Carpora Alviti Link				
reet Address Principal Busines.	:		· · · · · · · · · · · · · · · · · · ·	State	
165 12.00.00			Johnston	RI	02919
103 DYELVI	+.4.5-10.4.5.4	5. State of Incorporation		INI	: 6. SIC Code
(401)861-6	656	RHODE ISL	AND		8888
ief Description of the Characte	r of Business Conducted i	n Rhode Island TO MA	NUFACTURE MACHIN	ERY FOR THE	JEWELRY AND J
RELATED IND	USTRIES AND) TO DO EVERY	ACT AND THING C	OMMONITY DONE	DV TEMETOV N
AMES AND ADDRES	SES OF THE OFFI	CERS ("X" BOX FOR ATT	ACHMENT) LJEWELRY N	ACHINERY-MAN	UFACTURES
scut tenute			vice President Name		•
VINCENT ALV	<u> </u>		LUCILLE ALV	ITI KNIGHT	
t Address 206 CENTRAL	AUDMILE		Street Address	********	
ZOO CENTRAL	State	Zip	281 CENTRAL	State	7%
JOHNSTON	RI	02919	•		; Zip : 0.2.01.0
ary Name		i 04313	JOHNSTON Treasurer Name	RI	02919
LUCILLE ALV	וחן אמוכטיי			rrmr	
HOCTLLE MIV	TIT WATCUL		Street Address	TEL	
SAME			SAME		
	State	Zip	City	State	Zip
			:		
AMES AND ADDRES	SES OF THE DIRI	CTORS ("X" BOX FOR A	TTACHMENT)		
tor Name			Director Name		
t Address			Street Address		
		·			
	. State	Zip	City	State	Zip
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tor Name			Director Name		
t Address			Street Address		
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	State	Zip	- City	State	Zip
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HARES AUTHORIZI	D AND ISSUED	X° BOX FOR ATTACHMENT	7) [
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report must be sign	ed in ink he aith	ner the President Vic	e President, Secretary, Ass	Stant Secretary Tree	surer Receiver or Tru
report must be sign	ica in ina try citi	ier die Frestaetti, vie	e rresident, secretary, MSS	stant secretary, nea	surer, neceiver of Itu:
J # 81		i (8)) (89)			
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James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filling Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 88859 <u> Alviti Link-All, Inc.</u> Zip 3. Street Address Principal Business Office State 02919 165 Dyerville Avenue Johnston. RI 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401) 861-6656 Rhode Island .1.883_ 7. Brief Description of the Character of Business Conducted in Rhode Island To engage To Manufacture machinery for jewelry and jewelry related industries 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Vincent Alviti <u>Lucille Alviti Knight</u> Street Address Street Address 206 Central Ave 281 Central Ave Johnston Johnston RI 02919 RI 02919 Treasurer Name Secretary Name Vincent Alviti Lucille Alviti Knight Street Address Street Address 206 Central Ave 281 Central Ave City State State 02919 02919 Johnston RI Johnston RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name NONE Street Address Street Address City Zip State Zip State Director Name Director Name Street Address Street Address City Zip State Zip State City 10. SHARES AUTHORIZED AND ISSUED ("X" BOX-FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Class/Series Par Value Number of Shares Class/Series Par Value Number of Shares 100 Shrs Common No Par NONE 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 of Officer Vincent Alviti Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer