



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 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 141270		2. Name of Corporation STULLER SERVICE CENTERS, INC.			
3. Street Address Principal Business Office 302 Rue Louis XIV			City Lafayette	State LA	Zip 70508
4. Business Phone No. (337) 262-7700 Ext. 4932		5. State of Incorporation LOUISIANA			6. SIC Code 424990
7. Brief Description of the Character of Business Conducted in Rhode Island WHOLESALE OF FINE JEWELRY					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Charles D. Lein		Vice President Name Matthew G. Stuller			
Street Address 207 Farmington Drive		Street Address 1213 Terrace Hwy.			
City Lafayette	State LA	Zip 70503	City Broussard	State LA	Zip 70518
Secretary Name Charles D. Lein		Treasurer Name Matthew G. Stuller			
Street Address 207 Farmington Drive		Street Address 1213 Terrace Hwy.			
City Lafayette	State LA	Zip 70503	City Broussard	State LA	Zip 70518
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name		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
10,000 COMM NO PAR VALUE			1,000	Common	No Par

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



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File Date **FILED**

Check No. **APR 29 2005**

By **Charles D. Lein**

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.

Charles D. Lein 4/25/05

Signature of Officer
Charles D. Lein
Print or Type Name of Officer

President
Title of Officer