



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. 69571		2. Name of Corporation NEW ENGLAND FASHIONS, INC.			
3. Street Address Principal Business Office 95 HATHAWAY ST. STE 35			City PROVIDENCE	State RI	Zip 02907
4. Business Phone No. 401 467 7646		5. State of Incorporation RHODE ISLAND		6. SIC Code 1883	
7. Brief Description of the Character of Business Conducted in Rhode Island COSTUME JEWELRY BUSINESS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOSE SILVEIRA			Vice President Name		
Street Address 999 PROVIDENCE ST			Street Address		
City W WARWICK	State RI	Zip 02893	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
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 JOSE SILVEIRA			Director Name		
Street Address 999 PROVIDENCE ST			Street Address		
City WARWICK	State RI	Zip 02893	City	State	Zip
Director Name ROSA SILVEIRA			Director Name		
Street Address 999 PROVIDENCE ST			Street Address		
City W WARWICK	State RI	Zip 02893	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
1,000	\$1.00 PAR VALUE		NONE		

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



50-06
CH# 10296
1/21/05

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 _____ Date 01/21/2005

JOSE SILVEIRA
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date 1/25/05
Check No 10296
By DA
FOR SECRETARY OF STATE USE ONLY



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)

1. Corporate ID No. 69571		2. Name of Corporation NEW ENGLAND FASHIONS, INC.			
3. Street Address Principal Business Office 95 HATHAWAY ST. B35			City PROVIDENCE	State RI	Zip 02907
4. Business Phone No. 401 467 7646		5. State of Incorporation RHODE ISLAND			6. SIC Code 1883
7. Brief Description of the Character of Business Conducted in Rhode Island COSTUME JEWELRY BUSINESS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOSE SILVEIRA			Vice President Name		
Street Address 999 PROVIDENCE ST			Street Address		
City W WARWICK	State RI	Zip 02893	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
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 JOSE SILVEIRA			Director Name		
Street Address 999 PROVIDENCE ST.			Street Address		
City W WARWICK	State RI	Zip 02893	City	State	Zip
Director Name ROSA SILVEIRA			Director Name		
Street Address 999 PROVIDENCE ST			Street Address		
City W WARWICK	State RI	Zip 02893	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
1,000	\$1.00	PAR VALUE	NONE		

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



* 6 9 5 7 1 *

File Date **1-28-04**

Check No **9029**

By: **ICP**

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 **[Signature]** Date **1/26/04**

JOSE SILVEIRA
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. **69571** 2. Name of Corporation **NEW ENGLAND FASHIONS, INC.**
3. Street Address Principal Business Office **95 HATHAWAY ST. #B35** City **PROVIDENCE,** State **RI** Zip **02907**
4. Business Phone No **401-467-7646** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1883**

7. Brief Description of the Character of Business Conducted in Rhode Island

COSTUME JEWELRY EXPIDITORS

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

President Name JOSE SILVEIRA	Vice President Name
Street Address 999 PROVIDENCE ST.	Street Address
City State Zip WEST WARWICK RI 02893	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
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 JOSE SILVEIRA	Director Name
Street Address 999 PROVIDENCE ST.	Street Address
City State Zip WEST WARWICK RI 02893	City State Zip
Director Name ROSA SILVEIRA	Director Name
Street Address 999 PROVIDENCE ST.	Street Address
City State Zip WEST WARWICK RI 02893	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 \$1.00 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
NONE

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



* 6 9 5 7 1 *

File Date: 1-24-02
Check No: 6077
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 of Officer: [Signature] Date: 01/24/02
JOSE SILVEIRA
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. **69571** 2. Name of Corporation **NEW ENGLAND FASHIONS, INC.**

3. Street Address Principal Business Office **95 HATHAWAY ST. #B-35** City **PROVIDENCE** State **RI** Zip **02893**
4. Business Phone No. **401-467-7646** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1883**

7. Brief Description of the Character of Business Conducted in Rhode Island

COSTUME JEWELRY EXPIDITORS

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

President Name JOSE SILVEIRA	Vice President Name
Street Address 999 PROVIDENCE ST.	Street Address
City WEST WARWICK, State RI Zip 02893	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
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 JOSE SILVEIRA	Director Name
Street Address 999 PROVIDENCE ST.	Street Address
City WEST WARWICK State RI Zip 02893	City State Zip
Director Name ROSA SILVEIRA	Director Name
Street Address 999 PROVIDENCE ST.	Street Address
City WEST WARWICK State RI Zip 02893	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 SHS \$1.00 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
NONE

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



File Date: 1/23
Check No: 5534
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 of Officer: [Signature] Date: 01/22/2001
JOSE SILVEIRA
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. **6957;** 2. Name of Corporation **NEW ENGLAND FASHIONS, INC.**
3. Street Address Principal Business Office
95 HATHAWAY ST #B35
4. Business Phone No. **401-467-7646** 5. State of Incorporation **RHODE ISLAND**

City **PROVIDENCE** State **RI** Zip **02907**
6. SIC Code **1883**

7. Brief Description of the Character of Business Conducted in Rhode Island
COSTUME JEWELRY EXPIDITORS

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

President Name **JOSE SILVEIRA**
Street Address
999 PROVIDENCE ST
City **W WARICK** State **RI** Zip **02893**

Vice President Name
Street Address
City State Zip

Secretary Name **ROSA SILVEIRA**
Street Address
999 PROVIDENCE ST
City **W. WARWICK** State **RI** Zip **02893**

Treasurer Name
Street Address
City State Zip

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

Director Name **JOSE SILVEIRA**
Street Address
999 PROVIDENCE ST.
City **W. WARWICK** State **RI** Zip **02893**

Director Name
Street Address
City State Zip

Director Name **ROSA SILVEIRA**
Street Address
999 PROVIDENCE ST.
City **W WARWICK** State **RI** Zip **02893**

Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 \$1.00 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
NONE

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



* 6 9 5 7 1 *

File Date: 2-18-03
Check No: 7919
By: IUP

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 [Signature] Date 02/14/2003

JOSE SILVEIRA
Print or Type Name of Officer
PRESIDENT



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. **69571** 2. Name of Corporation **NEW ENGLAND FASHIONS, INC.**
3. Street Address Principal Business Office **95 HATHAWAY ST. #B-35** City **PROVIDENCE,** State **RI** Zip **02907**
4. Business Phone No. **401-467-7646** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1883**

7. Brief Description of the Character of Business Conducted in Rhode Island

COSTUME JEWELRY EXPIDITORS

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

President Name JOSE SILVEIRA	Vice President Name
Street Address 999 PROVIDENCE ST.	Street Address
City State Zip WEST WARWICK RI 02893	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
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 JOSE SILVEIRA	Director Name
Street Address 999 PROVIDENCE ST.	Street Address
City State Zip WEST WARWICK RI 02893	City State Zip
Director Name ROSA M SILVEIRA	Director Name
Street Address 999 PROVIDENCE ST	Street Address
City State Zip WEST WARWICK RI 02893	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1,000 SHS	\$1.00	PAR VALUE

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

ISSUED SHARES	Class/Series	Par Value
NONE		

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



* 6 9 5 7 1 *

File Date: 1/24/00
4166
Check No.: _____
By: JS

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: [Signature] Date: 1/21/00
JOSE SILVEIRA
Print or Type Name of Officer
PRESIDENT
Title of Officer



PLEASE CHANGE MAILING ADDRESSES see below

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. **69571** 2. Name of Corporation **NEW ENGLAND FASHIONS, INC.**
3. Street Address Principal Business Office **95 HATHAWAY ST B-35** City **PROVIDENCE,** State **RI** Zip **02907**
4. Business Phone No. **401467-7646** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1883**

7. Brief Description of the Character of Business Conducted in Rhode Island

COSTUME JEWELRY EXPIDITORS

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

President Name JOSE SILVEIRA	Vice President Name
Street Address 999 PROVIDENCE ST.	Street Address
City State Zip WEST WARWICK, RI 02893	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
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 JOSE SILVEIRA	Director Name
Street Address 999 PROVIDENCE, ST	Street Address
City State Zip WEST WARWICK, RI 02893	City State Zip
Director Name ROSA M SILVEIRA	Director Name
Street Address 999 PROVIDENCE ST	Street Address
City State Zip WEST WARWICK, RI 02893	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1,000 SHS	\$1.00	PAR VALUE

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

ISSUED SHARES	Class/Series	Par Value
NONE		

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

PLEASE CHANGE ADDRESS TO: **999 PROVIDENCE ST.
WEST WARWICK, RI 02893**



File Date: March 16, 1999

Check No: 2936

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 of Officer: [Signature] Date: 03/15/99

PRESIDENT JOSE SILVEIRA
Print or Type Name of Officer

PRESIDENT
Title of Officer



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. **69571** 2. Name of Corporation **NEW ENGLAND FASHIONS, INC.**
3. Street Address Principal Business Office **95 HATHAWAY STREET B_35** City **PROVIDENCE** State **RI** Zip **02907**
4. Business Phone No. **401 467 7646** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1883**
7. Brief Description of the Character of Business Conducted in Rhode Island
COSTUME JEWELRY

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name JOSE SILVEIRA Street Address 258 WOODWARD AVENUE City State Zip E. PROVIDENCE, RI 02914 Secretary Name Street Address City State Zip	Vice President Name Street Address City State Zip Treasurer Name Street Address City State Zip
--	---

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name JOSE SILVEIRA Street Address 258 WOODWARD AVENUE City State Zip E. PROVIDENCE, RI 02914 Director Name ROSA M. SILVEIRA Street Address 258 WOODWARD AVENUE City State Zip E. PROVIDENCE, RI 02914	Director Name Street Address City State Zip Director Name Street Address City State Zip
---	--

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1,000 SHS	\$1.00	PAR VALUE

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

ISSUED SHARES	Class/Series	Par Value
NONE		

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



* 6 9 5 7 1 *

File Date: 3-16-98
Check No.: 1658
By: WJ

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: [Signature] Date: 3/13/98
Print or Type Name of Officer: JOSE A. SILVEIRA 03/13/98
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. **69571** 2. Name of Corporation **NEW ENGLAND FASHIONS, INC.**
3. Street Address Principal Business Office **95 HATHAWAY ST. B-35** City **PROVIDENCE,** State **RI** Zip **02907**
4. Business Phone No **401-467-7646** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1883**

7. Brief Description of the Character of Business Conducted in Rhode Island
MENS' & LADIES COSTUME JEWELRY

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name JOSE SILVEIRA	Vice President Name MARIA VELOSO
Street Address 258 WOODWARD AVE.	Street Address 23 COLONIAL AVE.
City State Zip E. PROVIDENCE, RI 02919	City State Zip CRANSTON, RI 02910
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name JOSE SILVEIRA	Director Name MARIA VELOSO
Street Address 258 WOODWARD AVE.	Street Address 23 COLONIAL AVE.
City State Zip E PROVIDENCE, RI 02919	City State Zip CRANSTON, RI 02910
Director Name ROSA SILVEIRA	Director Name CARLOS VELOSO
Street Address 258 WOODWARD AVE.	Street Address 23 COLONIAL AVE.
City State Zip E. PROVIDENCE, RI RI 02919	City State Zip CRANSTON, RI 02910

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
1,000 SHS \$1.00 PAR VALUE	<i>None</i>

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



NEW-014* 029102011 1896 04/04/97
NOTIFY SENDER OF NEW ADDRESS ST 18
NEW ENGLAND FASHIONS
95 HATHAWAY ST #B35
PROVIDENCE RI 02907-3760

File Date: 4-14-97
Check No. 4862
By ICP
FOR SECRETARY OF STATE USE ONLY

I sent a form #9
Signature of Officer: JOSE SILVEIRA Date: _____
Print or Type Name of Officer: **PRESIDENT JOSE SILVEIRA**
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. 69571
2. NAME OF CORPORATION NEW ENGLAND FASHIONS, INC.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 14 HAYWARD ST. SUITE #4
4. BUSINESS PHONE NO. 401-467-7646
5. STATE OF INCORPORATION RHODE ISLAND
6. ZIP CODE 02910
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
MENS' COSTUME JEWELRY

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME JOSE SILVEIRA STREET ADDRESS 258 WOODWARD AVE. CITY E. PROVIDENCE STATE RI SECRETARY NAME STREET ADDRESS CITY STATE ZIP CODE 02919	VICE PRESIDENT NAME MARIA VELOSO STREET ADDRESS 23 COLONIAL AVE. CITY CRANSTON, STATE RI TREASURER NAME STREET ADDRESS CITY STATE ZIP CODE 02910
--	---

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME JOSE SILVEIRA STREET ADDRESS 258 WOODWARD AVE. CITY E. PROVIDENCE, STATE RI DIRECTOR NAME STREET ADDRESS CITY STATE ZIP CODE 02919	DIRECTOR NAME MARIA VELOSO STREET ADDRESS 23 COLONIAL AVE. CITY CRANSTON, STATE RI DIRECTOR NAME STREET ADDRESS CITY STATE ZIP CODE 02910
---	--

10. SHARES AUTHORIZED AND ISSUED

NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
1,000 SHS	\$1.00 PAR VALUE		NONE	NONE	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 that all statements contained herein are true and correct.

File Date:

4/8/96
3286
WJY

Signature of Officer

JOSE SILVEIRA
Print or Type Name of Officer

Check No:

By:

PRESIDENT

03/15/96

For Secretary of State Use Only

Title of Officer

Date

Filing Fee \$50.00
Payable to:
Secretary of State

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: 0069571 Annual Report for the year: 1995

Name of Business Entity: NEW ENGLAND FASHIONS, INC

Business entity organized under the laws of the State of RT

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)

14 HAYWARD ST SUITE #4
CRANSTON, RI 02910

Phone: 401 467-7646

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 7-1.6)

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

JOSE SILVEIRA
NEW ENGLAND FASHIONS, INC.
14 HAYWARD ST.
CRANSTON, RI 02920

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

MENS' COSTUME JEWELRY

Date of Organization: 09/02/93

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"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (See Law)	JOSE SILVEIRA	258 WOODWARD AVE.	E. PROVIDENCE, RI	02919
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (See Law)	MARIA VELOSO	23 COLONIAL AVE.	CRANSTON, RI	02910
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> SECRETARY (See Law)				
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (See Law)				

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY STATE	ZIP CODE
JOSE SILVEIRA	258 WOODWARD AVE.	E. PROVIDENCE, RI	02919
MARIA VELOSO	23 COLONIAL AVE.	CRANSTON, RI	02910

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 1000	NUMBER
CLASS	CLASS
SERIES	SERIES
PAR VALUE OR \$1.00 WITHOUT PAR	PAR VALUE OR WITHOUT PAR

Date MARCH 31 19 95

By [Signature]

JOSE SILVEIRA
FIRST OR TRUE NAME OF OFFICER SIGNING

PRESIDENT
TITLE OF OFFICER SIGNING

Form 31 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

FILED
APR 11 1995
By MAM 2493

Filing Fee \$50.00
Payable to:
Secretary of State

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: 0069571 Annual Report for the year: 1994

Name of Business Entity: NEW ENGLAND FASHIONS, INC.

Business entity organized under the laws of the State of RI

- 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)

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office

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

Phone: [REDACTED]

Jose Silveira
N'E Fashions, Inc
14 Hayward St
Cranston, RI 02920

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

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

Jose Silveira
258 Woodward Ave.
14 Hayward St
Cranston, RI 02910

Men's Costume Jewelry

Phone: 401-467-7646

Date of Organization: 9/6/93 9/14/92 ^{ME}

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)	<u>Jose Silveira</u>	<u>258 Woodward Ave.</u>	<u>E. Providence, RI</u>	<u>02919</u>
<input checked="" type="checkbox"/> VICE PRESIDENT (SEE RIGL 7-1.1)	<u>Maria Veloso</u>	<u>23 Colonial Ave.</u>	<u>Cranston, RI</u>	<u>02910</u>
<input type="checkbox"/> SECRETARY (SEE RIGL 7-1.1)				
<input type="checkbox"/> TREASURER (SEE RIGL 7-1.1)				

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Jose Silveira</u>	<u>258 Woodward Ave</u>	<u>E. Providence, RI</u>	<u>02919</u>
<u>Maria Veloso</u>	<u>23 Colonial Ave</u>	<u>Cranston, RI</u>	<u>02910</u>

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER: <u>1000 Shares</u>	NUMBER: _____
CLASS: <u>one class</u>	CLASS: _____
SERIES: _____	SERIES: _____
PAR VALUE OR WITHOUT PAR: <u>no par 1.00 Par Value</u>	PAR VALUE OR WITHOUT PAR: _____

Date: 3/7 19 94
By: [Signature]
Jose Silveira
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

Form 31 '94
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.

JOSE A. SILVEIRA
258 WOODWARD AVENUE
EAST PROVIDENCE RI 02914

FILED

APR 6 1994

By: _____

Filing Fee \$50.00

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

10187B
State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 00E9571

Annual Report for the year 1993

FIRST: The name of the corporation is NEW ENGLAND FASHIONS, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is CUSTOM JEWELRY MFG

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 14 HAYWARD ST. CRAWFORD, RI 02910

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
<u>JOSE A. SILLIKA</u>	President	<u>258 WOODWARD AVE CRAWFORD RI 02914</u>
<u>MARIA H. VELOSO</u>	Vice President	<u>23 COLONIAL AVE CRAWFORD, RI 02910</u>
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series
<u>1000</u>		

Par Value or statement that shares are without par value
NO PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series

Par Value or statement that shares are without par value

PAID
MAR 08 1993
SECRETARY OF STATE

Dated 3/3/ 1993

NEW ENGLAND FASHIONS, INC.
(Name of Corporation)

By [Signature]

Title PRESIDENT

(Report must be signed by an officer)