Upon completion, please detach and small the initial report nation including payment in the amount of \$50,00 made payable to Secretary of State. If the registered office and/or registered agent to whom the annual report was mailed have changed, Form 640, 1 along with the appropriate filing tee, it any, must be fixed in this other. Form 640 may be obtained by contacting this office at 401-222-3040, or from our website at www.state.it.us.

RETAIN FOR YOUR RECORDS ID# 82677 Rhode Island Bead & Components, Inc. DETACH HERE

Rhode Island Bead & Components, Inc. c/o ROBERT A. GENTILE 1119 CHALKSTONE AVENUE PROVIDENCE, RI 02908



STATE OF RHODE ISLAND AND PROVIDENCE PEANTATIONS Office of the secretary of State

Corporations Division 100 worth Main Street Providence, RI 02903-1335 401 222 3040

Matthew A. Brown Secretory of State

2005

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____ Filing Period: January 1 : March 1 • Filing Fee. \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLOCK)

7 Chipresso (2 No. 82677	2 Notice of Corps			· · · · 	
J. Street Address Principal Business		and Bead & Components,	Inc.	State	
15 Industrial	Rd.		Cranston	RI	02920
4 Basiness Phone Va		3 state of Incorporation			6 SIC Cude
(401) 464-4411		RHODE ISLAN	0		0
THE BUYING, SELLING	G AND DISTRIBU	TION OF JEWELRY			
8. NAMES AND ADDRESSE	S OF THE OFFIC	CERS: ("X" BOX FOR AT	TACHMENT) FILL IN :	SPACES BEFORE USING	G ATTACHMENTS
President Name Marian P. Lav		·	Cice Fresident Name		
		·	Joseph E. L		
~409 Tunk Hill	Rd.		409 Tunk Hi	ll Rd.	
Hope	Stratu RI	02831	^{Oly} Hope	RI	^{zφ} 02831
Marian P. Lava			Tensarer Name		
Parian P. Lava	Tiee		Joseph E. L	avallee	
409 Tunk Hill	Rd.		31 eer. Address 409 Turik Hi	11 Rd.	
Hope	Steak R.I	(12831	<i>с</i> н Норе	State RI	02831
9. NAMES AND ADDRESSES	S OF THE DIREC	CTORS: ("X" 30X FOR A	•	SPACES BEFORE USII	NG ATTACHMENTS
Marian P. Lava	1100		Director Nume		
Seed Address	1166		Joseph E. La	availee	
409 Tunk Hill	Rd.		409 Tunk Hi	ll Rd.	
Cu,	Siene	Z-p	Cat	State	Zip.
Hope	RI	02831	Hope	RI	02831
Director same			Director Name		
Street Address			Street Address		
				_	
Cap	State	210	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SEARTS	("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED (] "X" BOX FOR ATTACH	 'MENT) []
Sumber of shares	Chiudein	Par entar	Vanibus of Shares	Gartieres	Par Value
1,000 COMM NO PAR VAL	.VE		500	Common	No Par
			•		-
T2					

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

-	
File Dair	7/22/05
B, Dn	
FOR SECRE	TARY OF STATE USE ONLY

Under genatify of perjury, I declare and affirm that	at I have examined this report.	
including thy accompanying schedulers. I state company herein are true and correct.		_
Eignature of Officer	Date 2	
Marian P. Lavallee		
Print or Type Name of Officer		
President		
Tale of Officer		

Form 630 Rev 12/03



File Date

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

(FORM MUST BE TYPE	iary 1 - march 1					
1. Corporate ID No.	2. Name of Corpora	llon				
82677	Rhode Island	Bead & Components, In	С.			
3. Street Address Princip 15 Indus	3. Street Address Principal Business Office 15 Industrial Rd.			State RI	02920	
4. Business Phone No. 5. State of Incorporation			1		6. SIC Code	
(401) 40		RHODE ISLAND			<u> </u>	
	e Character of Business Conducted BELLING AND DISTRIBUTIO					
	DRESSES OF THE OFFICE	RS: ("X" BOX FOR AT	· ·	PACES BEFORE USING	ATTACHMENTS	
President Name Mariat	n P. Lavallee		Vice President Name Joseph	E. Lavallee		
Street Address 409 Tu	ınk Hill Rd.		Street Address 409 Tun	k Hill Rd.		
City Hope	State RI	^{Zip} 02831	City Hope	State RI	02831	
Secretary Name		• • • • • • • • • • • • • • • • • • • •	Treasurer Name		······································	
	n P. Lavallee		Joseph E.	Lavallee		
Sireci Address 409 Ti	Sircei Address 409 Tunk Hill Rd.		Street Address 409 Tunk Hill Rd.			
Hope	Siaie RI	02831	city Hope	State RI	^{Zip} 02831	
9. NAMES AND AD	DRESSES OF THE DIRECT	ORS: ("X" BOX FOR A	TTACHMENT) FILL IN	SPACES BEFORE USI	NG ATTACHMENTS	
Director Name Mariat	n P. Lavallee		Director Name Joseph E.	Lavallee		
Sircet Address 409 Ti	ınk Hill Rd.		Sircei Address 409 Tunk H	ill Rd.		
Cuy Hope	State RI	02831	city Hope	State RI	02831	
Director Name			Director Name			
Street Address			Sireei Address			
City	State	Zip	Chy	State	Zip	
10. SHARES AUTH AUTHORIZED SHARES	ORIZED ("X" BOX FOR A	TTACHMENT)	11. SHARES ISSUED (4	 "X" BOX FOR ATTACH	 MENT) [
Number of Shares	Class/Series	Par Value	Number of Shares	Class'Series	Par Value	
1,000 COMM NO PAR VALUE		500	Common	No par		
This report	must be signed in ink by	either the President, Vice	President, Secretary, Assistar	nt Secretary, Treasurer,	Receiver or Trustee	

including any accompanying schedules and statements, and that all statements contained herein are true and correct. MARIAN Print or Type Name of Officer FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report,

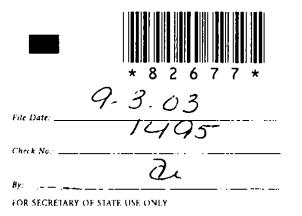
Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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



PORM MOST BE LITED OR CRIMTEL	THY DUALIK)					\
1 Corporate ID No.	2. Name of Corp	poration				
82677	Rhode Is	land Bead & Components, Inc				
3. Street Address Principal Business Of	fice		City		State	Zip
15 Industrial ⁴ Business Phone No	Rd.	5. State of Incorporation	Cran	ston	RI	02920 6 SIC Code
(401) 464-441	1	RHODE ISLAND				0
7. Brief Description of the Character of	Business Conduct	ed in Rhode Island				
		of jewelry, bead FFICERS ("X" BOX FOR ATTACH	IMENT) FILL	. IN SPACES B	parts efore using attach	MENTS
	-17		Vice President		E Tarrallas	
Marian P. Lava	arree		Street Address	Joseph	E. Lavallee	
409 Tunk Hill	Rd		Sitte maires	/// Tun	k Hill Rd.	
Gity	State	Zip	City	407 Juli	State	Zip
Hope	ŖI	02831		Норе	ŖI	02831
Secretary Name			Treasurer Name	· ·		
Marian P. Lava	allee		Jo: Street Address	seph E.	Lavallee	
Guy 409 Tunk Hill	Rd.	Zıp	City	409 Tun	k Hill Rd.	Zip
Hope 9. NAMES AND ADDRESSE Director Name	RI S OF THE D	02831 IRECTORS ("X" BOX FOR ATTA	CHMENT) FI	Hope LL in spaces	RI BEFORE USING ATTAC	02831 CHMENTS
Marian P. Laya	allee		Street Address	Joseph	E. Lavallee	
409 Tunk Hill	Rd.			409 Tun	k Hill Rd,	
City	State	Zip	City		State	Zip
Норе	RI	02831	Director Name	Hope	RI	02831
Director Name			mretto Name			
Street Address			Street Address			
Сиу	State	Zip	City		State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR /	ATTACHMENT)	11. SHARE	S ISSUED (*x	* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Sha	res	Class/Series	Par Value
4 000 00111110 0101111	·=					
1,000 COMM NO PAR VALU	IE.		5 (00	Common	No par

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 afe true and correct.

Title of Officer

***** 5

Form 630 12'02

No par

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

2 Name of Corporation

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.:

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

82677	Rhode Island B	ead & Components, Inc.			
3 Street Address Principal Business O		,	Cay	State	Zip
15 Industrial	Road	5. State of Incorporation	Cranston	RI	02920 6 SIC Cade
401-464-4411 7 Brief Description of the Character of	of Busin <mark>ess</mark> Conducted in Rh	RHODE ISLAND ode Island			0
Sale & distri	bution of j ϵ	welry, beads	and component p	arts	
8. NAMES AND ADDRESS President Name	ES OF THE OFFICE	RS ("X" BOX FOR ATTACH!	MENT) FILL IN SPACES BEI	FORE USING ATTACHM	MENTS
Marian P. Lava	allee		Vice President Name Joseph E. Lava Street Address	llee	
409 Tunk Hill	Rd.		409 Tunk Hill	Rd.	
iin)	State	Zip	City	State	Zip
Hope Secretary Name	ŖĮ _.	02831	Hope Treasurer Name	RI	02831
Marian P. Lav	vallee		Joseph E. Lava	llee	
409 Tunk Hill	Rd.	Ζιρ	409 Tunk Hill	Rd.	Zıp
Норе	RI ·	02831	Норе	RI	02831
). NAMES AND ADDRESSI Director Name	ES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES B Director Name	EFORE USING ATTACI	HMENTS
Marian P. Lav	vallee		Joseph E. Lava	llee	
409 Tunk Hill	Rd.	Zip	409 Tunk Hill	Rd.	Zip
Hope Director Name	ŔI	02831	Hope Director Name:	RI	02831
treet Address			Street Address		
iu)	State	Zip	City	State	Zip
O. SHARES AUTHORIZED UTHORIZED SHARES	("X" BOX FOR ATTACHS	(ENT)	11. SHARES ISSUED (*X* ISSUED SHARES	BOX FOR ATTACHMENT)	
umber of Shates	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALU	JE		500	Common	No par

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

Title of Officer



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 catements contained herein are true and correct. MARIAN Frint or Type Name of Officer

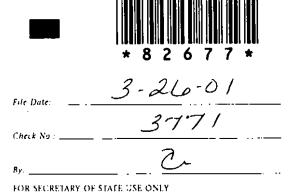
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP PLEASE READ INVERCETIONS

Filing Period: January 1	-March 1 • Fil.	ing Fee: \$50.00			INSTRU
FORM MUST BE TYPED IN BLACE	κ)				
1 Carparate ID No B2677	2. Name of Corporation Rhode Island	Bead & Compon	ents, Inc.		
3. Street Address Principal Business Of	ffice		City	State	Zip
15 Industrial	Road		Cranston	RI	02920
4 Business Phone No.		5. State of Incorporation			6. SIC Cade 0
401-464-4411 7 Brief Description of the Character of Sale & distrib			and component pa	arts	
8. NAMES AND ADDRESSI President Name	ES OF THE OFFICER	S ("X" BOX FOR ATTACHN	MENT) FILL IN SPACES BEFO Vice President Name	DRE USING ATTACHM	ENTS
Marian P. Lava	allee		Joseph E. Lava	allee	
409 Tunk Hill	State	Zip	409 Tunk Hill	State	Zip
Hope Secretary Name	RI	02831	Hope Treasurer Name	RI	02831
Marian P. Lava	allee		Joseph E. Lava	allee	
409 Tunk Hill	Rd.	Zıp	409 Tunk Hill	Rd.	Zip
Hope	RI	02831	Норе	RI	02831
9. NAMES AND ADDRESS Director Name	ES OF THE DIRECTO	ORS (*X* BOX FOR ATTAC	HMENT) FILL IN SPACES BE Director Name	EFORE USING ATTACH	IMENTS
Marian P. Lave Street Address	allee		Joseph E. Lava	allee	
409 Tunk Hill	Rd.	Lip	409 Tunk Hill	Rd. State	Zip
Hope Director Name	RI	02831	Hope Director Name	RI	02831
Street Address			Street Address		
City	State	Zıp	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	CX* BOX FOR ATTACHM	(ENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR	COMMON		500	Common	No Par

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

X Marson D Louble 3-1801

MARIAN J. LAURLLEE

Title of Officer



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 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK) Name of Corporation Rhode Island Bead & Components, Inc. 1. Corporate ID No 82677 3. Street Address Principal Business Office State 15 Industrial Road Cranston 02920 RI 4. Business Phone No. 6. SIC Code RHODE ISLAND 401-464-4411 7. Brief Description of the Character of Business Conducted in Rhode Island Sale & distribution of Jewelry, beads and component parts 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Marian P. Lavallee Joseph E. Lavallee Street Address Street Address 409 Tunk Hill Rd. 409 Tunk Hill Rd. City Hope RI 02831 02831 Hope RI Secretary Name Treasurer Name Marian P. Lavallee Joseph E. Lavallee Street Address 409 Tunk Hill Rd. 409 Tunk Hill Rd. City State Hope RI 02831 Hope RI 02831 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Marian P. Lavallee Joseph E. Lavallee Street Address Street Address 409 Tunk Hill Rd. 409 Tunk Hill Rd. Hope RI 02831 Hope RI 02831 Director Name Director Name Street Address Street Address City State Zip City Zip. State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 SHS NO PAR COMMON 500 Common No Par

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

Signature



File Date:	2/3/00	
Check No.:	3186	
Ву:	<u> </u>	
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 systements contained herein are true and correct.

Marie La Ma 2-

Marian P. Lavallee

Print or Type Name of Officer

President
Title of Officer

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

STOP PLI WERLAD INVIRCEDIONS

(FORM MUST BE TYPED IN BI		riing ree: \$30.00			IXSTRUCTION
1. Carpotate ID No. 82677	2 Name of Corpora Rhode Isla	_{tion} nd Bead & Compone	ents. Inc.		, <u> </u>
3. Street Address Principal Busine:			City	State	Zip t
15 Industr			Cranston	RI	ົ້າ02920 ື້
4. Business Phone No.		5. State of Incorporation			6 SIC Code
401-464-44		RHODE ISLA	ND		į
7. Brief Description of the Charact	•		ads and componer	nt narte	·
.★		-	CHMENT) FILL IN SPACES	-	TRAINSTING
President Name	SOLS OF THE OTT	CERS (A BOAFOR ATTA	Vice President Name	BEFURE USING ATTACE	IMENIS [
Marian P. 1	Lavallee		Joseph E. I	.avallee	
Street Address	.11 51		Street Address	•	•
409 Tunk H:		9 :_	409 Tunk Hi	•	.
Норе	State RI	^{Zip} 02831	Hope	State RI	02831
Secretary Name		•	Treasurer Name		
Marian P. 1	Lavallee		Joseph E. I	avallee	
Street Address	:11 ni		Street Address		- 3
409 Tunk H:			409 Tunk Hi	.11 Rd.	\$
Hope	State RI	02831	Hope	State R I	^{zip} 02831
· · · · · · · · · · · · · · · · · · ·			TACHMENT) FILL IN SPACE		
Director Name			Director Name	S BET ORE USING AT IA	CHIMICINIS k
Marian P. 1	Lavallee		Joseph E. I	avallee	ş
Street Address 409 Tunk Hi	:11 p.a		Street Address		· - ·
Gity	LIL KU.	Ζιρ	409 Tunk Hi	. LL KQ. State	; Zip ; -−
Норе	RI	02831	Норе	RI	02831
Director Name	•	•	Director Name	• • • • • • • • • • • •	* **** * * **** ***********************
					; ‡
Street Address			Street Address		- .
City	State	Zip	. Gity	State	710
		•		,	:
10. SHARES AUTHORIZE	ED ("X" BOX FOR ATTA	ACHMENT)	ij: shares issued (*	X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Senes	Par Value	Number of Shares	Cluss/Series	Par Value
1,000 SHS NO PAR	COMMON		500	Common	No Par
				o amio i	-
			:		
This report must be sig r	n ed in ink by eith	er the President Vice	President, Secretary, Assis	stant Secretary Treasur	er Receiver or Tructs
		Frankling VICC	Transferre, Secretary, 1331.	num secretary, measur	er, neceiver or music
		 			

File Date:	WODSAG
Check No :	72.78
Ry	
FOR SECRETARY OF S	TATE 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.

flanco Louble

Marian P. Lavallee

Front or Type Name of Officer
President

Title of Officer



(FORM MUST BE TYPED IN BLACK)

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

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

STOP

1. Corporate ID No.	2 Name of Corporation				_
82677	Rhode Island B	ead & Components	, Inc.		
3. Street Address Principal Business O	ffice		City	State	Zip
15 Industrial	Road		Cranston	RI	02920
4. Business Phone No.		5. State of Incorporation			6 SIC Code
401-464 - 4411		RHODE ISLAND			
7. Brief Description of the Character o	f Business Conducted in Rho	de Island		·	
Sale & distrib	oution of jev	welry, beads	and component	parts	
8. NAMES AND ADDRESS! President Name	ES OF THE OFFICER	S ("X" BOX FOR ATTACHM	(ENT) Vice President Name		
Marion P. Lava	allee		Joseph E.	Lavallee	
Street Address			Street Address		
409 Tunk Hill	Rd.		409 Tunk H	4:11 Rd	
City	State	Zip	City	State	Zip
Норе	RI	02831	Hope	RI	02831
Secretary Name			Treasurer Name		
Marion P. Lava	1166		Joseph E.	Lavallee	
Street Address	11100		Street Address		
409 Tunk Hill	Rd.		409 Tunk I	Hill Rd.	
City	State	Zıp	City	State	Zip
Норе	RI	02831	Норе	RI	02831
9. NAMES AND ADDRESS!	ES OF THE DIRECTO	ORS ("X" BOX FOR ATTAC.	HMENT) Director Name		
Marion P. Lava	1100		Joseph E.	Lavalloo	
Street Address	arree		Street Address	Lavallee	
409 Tunk Hill	Rd.		409 Tunk !	Hill Rd.	
City	State	Zip	City	State	- Zip
Норе	RI	02831	Hope	RI	02831
Director Name		3-3 3-2	Director Name		02031
Street Address			Street Address		,
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTACHN	AENT)	11. SHARES ISSUED (* ISSUED SHARES	X" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

500

	* 8 2 6 7	7 *
File Date.	3/19	
Check No.	2025	A
By:	<u>Ub</u> _	<i>M</i>
FOR SECRETAL	RY OF STATE USE ONLY	

1,000 SHS NO PAR COMMON

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.

Common

No Par

Marion P. Lavallee

Print or Type Name of Officer

President __

Signature of Officer



James R. Langevin, Secretary of State Corporations Division

100 North Main Street, Providence, RI 02903-1335

401-277-3040

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.

2 Name of Corporation

82677

Rhode Island Bead & Components, Inc.

3. Street Address Principal Business Office 181 Macklin St.

State

02920

4 Business Phone No.

5. State of Incorporation

Cranston

RΙ

6. SIC Code

401-464-4411

RHODE ISLAND

2 Brief Description of the Character of Business Conducted in Rhade Island

Sale & distribution of Jewelry, beads and component parts

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

Marion P. Lavallee

02831

Street Address

President Name

409 Tunk Hill Rd.

RI

Treasurer Name

Vice President Name

Joseph E. Lavallee

City

409 Tunk Hill Rd.

Hope Secretary Name

City

City

Marion P. Lavallee

Street Address

409 Tunk Hill Rd.

State

Joseph E. Lavallee Street Address

Hope

409 Tunk Hill Rd. State

Zip.

02831

RI ..

02831

Zip

Hope

Director Name .

RI

RI

02831

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

Marion P. Lavallee

Street Address

409 Tunk Hill Rd.

State

Hope

RI

02831

Joseph E. Lavallee

409 Tunk Hill Rd.

Hope

RI

02831

Director Name

Street Address

Street Address

Director Name

City

State

Zip

City

State

210

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS NO PAR COMMON

500 shares

Common

No Par

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



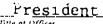
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

Marion P. Lavallee

Print or Type Name of Officer

Title of Officer



PROSIT CORPORATION ANNUAL REPORT

181 Macklin St.

BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

Marion P. Lavallee

409 Tunk Hill Rd.

Marion P. Lavallee

409 Tunk Hill Rd.

Marion P. Lavallee

409 Tunk Hill Rd.

401-464-4411

2 NAME OF CORPORATION

RI

RI

RI

1996

Rhode Island Bead & Components, Inc.

RHODE ISLAND

B. NAMES AND ADDRESSES OF THE OFFICERS

NAMES AND ADDRESSES OF THE DIRECTORS

Sale & distribution of jewelry, beads and component parts

5 STATE OF INCORPORATION

ZIP CODE

02831

02831

zop čádož 🖺

02831

PLEASE TYPE OR PRINT IN BLACK INK.



Cranston

Hope

Hope

Hope

TREASURER NAME

STRÉET ADDRESS

DIRECTOR HAME

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

02920

02831

02831:

02831

ZP 000E

6 SIC COOE

RI

RΙ

RI

RI

Joseph E. Lavallee

409 Tunk Hill Rd.

Joseph_E._Lavallee

409 Tunk Hill Rd.

Joseph E. Lavallee

409 Tunk Hill Rd.

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

1 CORPORATE ID NO.

4. BUSINESS PHONE HO

STREET ADDRESS

SECRETARY NAME

STREET ADDRESS

DIRECTOR NAME

Hope

Hope :

Hope

82677 .

3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE

STREET ADDRESS			STREET ADDRESS		
arr	STATE	ZP COCE	àn	STATE	ZP C006
1 0 . S H A R E S A U T H O R I Z AUTHORIZED SHARES MUNIBER OF SHARES CLASS / SERES PAR VALUE			ISSUED SHARES NUMBER OF SWARES CLASS / SERIES PAR VALUE		
	S NO PAR COMMON		500 shares	Common	no par
F	This rep President, Vice President,	port must be SIGN Secretary, Assista	· ·	Receiver or Truste	e affirm that I have examined this
Check No: ,	1/96 201 P		report, including a all statements con Signature of Office	any accompanying schintained herein are true	edules and statements, and that
For Secretary of State Use Only			Title of Officer	· · · · · · · · · · · · · · · · · · ·	Date