Upon completion, please detach and mail the annual report below 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, along with the appropriate filing fee, if any, must be filed in this office. Form 640 may be obtained by contacting this office at 401-222-3040, or from our website at www.state.ri.us.

16552

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 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 OR PRINTED IN BLACK)

1. Corporation ID No	2. Name of Corporation
82677	Rhode Island Bead & Components, Inc.

3. Street Address Principal Business Office	City	State	Zip
15 Industrial Rd.	Cranston	RI	02920

4. Business Phone No	5. State of Incorporation	6. SIC Code
(401) 464-4411	RHODE ISLAND	0

7. Brief Description of the Character of Business Conducted in Rhode Island
THE BUYING, SELLING AND DISTRIBUTION OF JEWELRY.

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: 409 Tunk Hill Rd.	Street Address: 409 Tunk Hill Rd.
City: Hope / State: RI / Zip: 02831	City: Hope / State: RI / Zip: 02831
Secretary Name: Marian P. Lavallee	Treasurer Name: Joseph E. Lavallee
Street Address: 409 Tunk Hill Rd.	Street Address: 409 Tunk Hill Rd.
City: Hope / State: RI / Zip: 02831	City: Hope / State: RI / Zip: 02831

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

Director Name	Director Name
Marian P. Lavallee	Joseph E. Lavallee
Street Address: 409 Tunk Hill Rd.	Street Address: 409 Tunk Hill Rd.
City: Hope / State: RI / Zip: 02831	City: Hope / State: RI / Zip: 02831
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
500	Common	No Par

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

[redacted] [redacted]

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.

Marian P. Lavallee Pres 9/14/05
Signature of Officer *Date*

Marian P. Lavallee
Print or Type Name of Officer

President
Title of Officer

[redacted]

File Date 9/22/05
Check No 2428
By
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev 12/03

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)

1. Corporate ID No.	2. Name of Corporation			
82677	Rhode Island Bead & Components, Inc.			
3. Street Address Principal Business Office: 15 Industrial Rd.		City: Cranston	State: RI	Zip: 02920
4. Business Phone No.: (401) 464-4411	5. State of Incorporation: RHODE ISLAND			6. SIC Code: 0

7. Brief Description of the Character of Business Conducted in Rhode Island
THE BUYING, SELLING AND DISTRIBUTION OF JEWELRY.

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

President Name	Street Address	City	State	Zip
Marian P. Lavallee	409 Tunk Hill Rd.	Hope	RI	02831

Vice President Name	Street Address	City	State	Zip
Joseph E. Lavallee	409 Tunk Hill Rd.	Hope	RI	02831

Secretary Name	Street Address	City	State	Zip
Marian P. Lavallee	409 Tunk Hill Rd.	Hope	RI	02831

Treasurer Name	Street Address	City	State	Zip
Joseph E. Lavallee	409 Tunk Hill Rd.	Hope	RI	02831

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

Director Name	Street Address	City	State	Zip
Marian P. Lavallee	409 Tunk Hill Rd.	Hope	RI	02831

Director Name	Street Address	City	State	Zip
Joseph E. Lavallee	409 Tunk Hill Rd.	Hope	RI	02831

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
1,000 COMM NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
500	Common	No par

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

[redacted]

* 8 2 6 7 7 *

File Date RECEIVED JAN 22 2004

Check No. 137

By: BY

FOR SECRETARY OF STATE USE ONLY

[redacted]

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 Marian Lavallee 1-14-04

Signature of Officer *Date*

MARIAN LAVALLEE.

Print or Type Name of Officer

PRESIDENT

Title of Officer

[redacted]

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

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: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 82677

2. Name of Corporation Rhode Island Bead & Components, Inc.

3. Street Address Principal Business Office 15 Industrial Rd.

City Cranston *State* RI *Zip* 02920

4. Business Phone No (401) 464-4411

5. State of Incorporation RHODE ISLAND

6. SIC Code 0

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

Sales & 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 Marian P. Lavallee
Street Address 409 Tunk Hill Rd.
City Hope *State* RI *Zip* 02831

Vice President Name Joseph E. Lavallee
Street Address 409 Tunk Hill Rd.
City Hope *State* RI *Zip* 02831

Secretary Name Marian P. Lavallee
Street Address 409 Tunk Hill Rd.
City Hope *State* RI *Zip* 02831

Treasurer Name Joseph E. Lavallee
Street Address 409 Tunk Hill Rd.
City Hope *State* RI *Zip* 02831

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

Director Name Marian P. Lavallee
Street Address 409 Tunk Hill Rd.
City Hope *State* RI *Zip* 02831

Director Name Joseph E. Lavallee
Street Address 409 Tunk Hill Rd.
City Hope *State* RI *Zip* 02831

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*
1.000 COMM NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
500	Common	No par

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

* 8 2 6 7 7 *

File Date: 9-3-03

Check No.: 1495

By: JL

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.

X Marian Lavallee
Signature of Officer *Date*

Marian Lavallee
Print or Type Name of Officer

President
Title of Officer

Form 630 12/02

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

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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No.
82677

2 Name of Corporation
Rhode Island Bead & Components, Inc.

3 Street Address Principal Business Office
15 Industrial Road

City Cranston *State* RI *Zip* 02920

4 Business Phone No
401-464-4411

5. State of Incorporation
RHODE ISLAND

6 SIC Code
0

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
Marian P. Lavallee
Street Address
409 Tunk Hill Rd.
City Hope *State* RI *Zip* 02831

Vice President Name
Joseph E. Lavallee
Street Address
409 Tunk Hill Rd.
City Hope *State* RI *Zip* 02831

Secretary Name
Marian P. Lavallee
Street Address
409 Tunk Hill Rd.
City Hope *State* RI *Zip* 02831

Treasurer Name
Joseph E. Lavallee
Street Address
409 Tunk Hill Rd.
City Hope *State* RI *Zip* 02831

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

Director Name
Marian P. Lavallee
Street Address
409 Tunk Hill Rd.
City Hope *State* RI *Zip* 02831

Director Name
Joseph E. Lavallee
Street Address
409 Tunk Hill Rd.
City Hope *State* RI *Zip* 02831

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*
1,000 COMM NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
500	Common	No par

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

* 8 2 6 7 7 *

File Date: 2-7-02

Check No 4214

By JL

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.

Marian Lavallee 2/2/02
Signature of Officer *Date*

MARIAN LAVALLEE
Print or Type Name of Officer

President
Title of Officer

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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No: 82677

2. Name of Corporation: Rhode Island Bead & Components, Inc.

3. Street Address Principal Business Office: 15 Industrial Road — *City*: Cranston — *State*: RI — *Zip*: 02920

4. Business Phone No.: 401-464-4411

5. State of Incorporation: RHODE ISLAND

6. SIC Code: 0

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: Marian P. Lavallee
Street Address: 409 Tunk Hill Rd.
City: Hope — *State*: RI — *Zip*: 02831

Vice President Name: Joseph E. Lavallee
Street Address: 409 Tunk Hill Rd.
City: Hope — *State*: RI — *Zip*: 02831

Secretary Name: Marian P. Lavallee
Street Address: 409 Tunk Hill Rd.
City: Hope — *State*: RI — *Zip*: 02831

Treasurer Name: Joseph E. Lavallee
Street Address: 409 Tunk Hill Rd.
City: Hope — *State*: RI — *Zip*: 02831

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

Director Name: Marian P. Lavallee
Street Address: 409 Tunk Hill Rd.
City: Hope — *State*: RI — *Zip*: 02831

Director Name: Joseph E. Lavallee
Street Address: 409 Tunk Hill Rd.
City: Hope — *State*: RI — *Zip*: 02831

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*
1,000 SHS	NO PAR COMMON	

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
500	Common	No Par

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

[redacted] [redacted]

82677

File Date: 3-26-01

Check No.: 3771

By: CR

FOR SECRETARY OF STATE USE ONLY

[redacted]

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 Marian P Lavallee 3-18-01
Signature of Officer — *Date*

MARIAN P. LAVALLEE
Print or Type Name of Officer

President
Title of Officer

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

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 82677
2. Name of Corporation: Rhode Island Bead & Components, Inc.
3. Street Address Principal Business Office: 15 Industrial Road — City: Cranston — State: RI — Zip: 02920
4. Business Phone No.: 401-464-4411
5. State of Incorporation: RHODE ISLAND
6. SIC Code:
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: Marian P. Lavallee
Street Address: 409 Tunk Hill Rd.
City: Hope — State: RI — Zip: 02831

Vice President Name: Joseph E. Lavallee
Street Address: 409 Tunk Hill Rd.
City: Hope — State: RI — Zip: 02831

Secretary Name: Marian P. Lavallee
Street Address: 409 Tunk Hill Rd.
City: Hope — State: RI — Zip: 02831

Treasurer Name: Joseph E. Lavallee
Street Address: 409 Tunk Hill Rd.
City: Hope — State: RI — Zip: 02831

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

Director Name: Marian P. Lavallee
Street Address: 409 Tunk Hill Rd.
City: Hope — State: RI — Zip: 02831

Director Name: Joseph E. Lavallee
Street Address: 409 Tunk Hill Rd.
City: Hope — State: RI — Zip: 02831

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
1,000 SHS	NO PAR COMMON	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
500	Common	No Par

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

* 8 2 6 7 7 *

File Date: 2/8/00
Check No.: 3186
By: a

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.

Marian Lavallee 2-4-00
Signature of Officer *Date*

Marian P. Lavallee
Print or Type Name of Officer

President
Title of Officer

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

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 PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No: **82677**

2. Name of Corporation: **Rhode Island Bead & Components, Inc.**

3. Street Address Principal Business Office: 15 Industrial Road — City: Cranston — State: RI — Zip: 02920

4. Business Phone No.: 401-464-4411

5. State of Incorporation: **RHODE ISLAND**

6. SIC Code:

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: Marian P. Lavallee
Street Address: 409 Tunk Hill Rd.
City: Hope — State: RI — Zip: 02831

Vice President Name: Joseph E. Lavallee
Street Address: 409 Tunk Hill Rd.
City: Hope — State: RI — Zip: 02831

Secretary Name: Marian P. Lavallee
Street Address: 409 Tunk Hill Rd.
City: Hope — State: RI — Zip: 02831

Treasurer Name: Joseph E. Lavallee
Street Address: 409 Tunk Hill Rd.
City: Hope — State: RI — Zip: 02831

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

Director Name: Marian P. Lavallee
Street Address: 409 Tunk Hill Rd.
City: Hope — State: RI — Zip: 02831

Director Name: Joseph E. Lavallee
Street Address: 409 Tunk Hill Rd.
City: Hope — State: RI — Zip: 02831

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
1,000 SHS	**NO PAR**	**COMMON**

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
500	Common	No Par

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

* 8 2 6 7 7 *

File Date: 11/23/99

Check No.: 2728

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.

Marian Lavallee 2/11/99
Signature of Officer *Date*

Marian P. Lavallee
Print or Type Name of Officer

President
Title of Officer

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

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
PLEASE READ
INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **82677**

2. Name of Corporation **Rhode Island Bead & Components, Inc.**

3. Street Address Principal Business Office 15 Industrial Road

City Cranston *State* RI *Zip* 02920

4. Business Phone No. 401-464-4411

5. State of Incorporation **RHODE ISLAND**

6. SIC Code

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)*

President Name Marion P. Lavallee
Street Address 409 Tunk Hill Rd.
City Hope *State* RI *Zip* 02831

Vice President Name Joseph E. Lavallee
Street Address 409 Tunk Hill Rd.
City Hope *State* RI *Zip* 02831

Secretary Name Marion P. Lavallee
Street Address 409 Tunk Hill Rd.
City Hope *State* RI *Zip* 02831

Treasurer Name Joseph E. Lavallee
Street Address 409 Tunk Hill Rd.
City Hope *State* RI *Zip* 02831

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

Director Name Marion P. Lavallee
Street Address 409 Tunk Hill Rd.
City Hope *State* RI *Zip* 02831

Director Name Joseph E. Lavallee
Street Address 409 Tunk Hill Rd.
City Hope *State* RI *Zip* 02831

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*
1,000 SHS	**NO PAR**	**COMMON**

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
500	Common	No Par

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

* 8 2 6 7 7 *

File Date. 3/19
Check No. 2025
By: KD

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.

Marion Lavallee 2/18/98
Signature of Officer *Date*

Marion P. Lavallee
Print or Type Name of Officer

President
Title of Officer

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

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

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No
82677

2 Name of Corporation
Rhode Island Bead & Components, Inc.

3. Street Address Principal Business Office
181 Macklin St.

City
Cranston

State
RI

Zip
02920

4 Business Phone No
401-464-4411

5. State of Incorporation
RHODE ISLAND

6. SIC Code

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)*

President Name
Marion P. Lavallee
Street Address
409 Tunk Hill Rd.
City Hope *State* RI *Zip* 02831

Vice President Name
Joseph E. Lavallee
Street Address
409 Tunk Hill Rd.
City Hope *State* RI *Zip* 02831

Secretary Name
Marion P. Lavallee
Street Address
409 Tunk Hill Rd.
City Hope *State* RI *Zip* 02831

Treasurer Name
Joseph E. Lavallee
Street Address
409 Tunk Hill Rd.
City Hope *State* RI *Zip* 02831

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

Director Name
Marion P. Lavallee
Street Address
409 Tunk Hill Rd.
City Hope *State* RI *Zip* 02831

Director Name
Joseph E. Lavallee
Street Address
409 Tunk Hill Rd.
City Hope *State* RI *Zip* 02831

Director Name

Street Address

City *State* *Zip*

Director Name

Street Address

City *State* *Zip*

10. SHARES AUTHORIZED AND 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 shares	Common	No Par

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

* 8 2 6 7 7 *

File Date: 2/20/97

Check No: 1358

By: CCR / SEC

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.

Marion P. Lavallee 2/8/97
Signature of Officer *Date*

Marion P. Lavallee
Print or Type Name of Officer

President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996

Filing Period: January 1–March 1
Filing Fee: $50.00

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

PLEASE TYPE OR PRINT IN BLACK INK.

1 CORPORATE ID NO.	2. NAME OF CORPORATION
82677	Rhode Island Bead & Components, Inc.

3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
181 Macklin St.	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 OF BUSINESS CONDUCTED IN RHODE ISLAND

Sale & distribution of jewelry, beads and component parts

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Marion P. Lavallee	409 Tunk Hill Rd.	Hope	RI	02831

VICE PRESIDENT NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Joseph E. Lavallee	409 Tunk Hill Rd.	Hope	RI	02831

SECRETARY NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Marion P. Lavallee	409 Tunk Hill Rd.	Hope	RI	02831

TREASURER NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Joseph E. Lavallee	409 Tunk Hill Rd.	Hope	RI	02831

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Marion P. Lavallee	409 Tunk Hill Rd.	Hope	RI	02831

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Joseph E. Lavallee	409 Tunk Hill Rd.	Hope	RI	02831

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

DIRECTOR NAME	STREET ADDRESS	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
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

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 Marion P. Lavallee
Signature of Officer

Marion P. Lavallee
Print or Type Name of Officer

President
Title of Officer

Date

File Date: 4/1/96

Check No: 1201

By: CP

For Secretary of State Use Only