

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

Matthew A. Brown, Secretary of State

Corporations Thersida 100 North Matty Street Providence, RI 02963 133 401 222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR		2005
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Filing Period: January 1 - M (FORM MUST BE TYPED OR PRIN		g Fee: \$50.00		_		
1. Corporate ID No	2 Name of Corporate of					
6980		RNATIONAL, INC.	<u> </u>			
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4 Bustness Phone No.	DAO TAU	5 State of Incorporation	<u>Librastoo</u>	<u> </u>	5 St. Gode	7.1/.
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Schoctor)	I = I I	103d1d]	
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FOR SECRETARY OF STA	ATE USE ONLY		Title of Officer	ENI (- !
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FOR SECRETARY OF STATE USE ONLY

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

100 North Main Street

Providence, RI 02903-1335 401.222.3040

Corporations Division

Matthew A. Brown, Secretary of Siate 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) 1. Corporate ID No. 2. Name of Corporation DESIGNS INTERNATIONAL, INC. 6980 3. Street Address Principal Business Office RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island
MANUFACTURER OF FINE JEWELRY 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Same Sireei Address Secretary Name Treasurer Name Street Address Street Address City State 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Simer Address City State **Z**(p) State Z(p City Director Name Director Name Street Address Street Address CHY State Zıp State Zip 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 100 NO PAR VALUE 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 he gin hire true and correct.



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 PRIN	VIED IN BLACK)				
1 Corporate ID No.	2. Name of Corpora	tion			
6980	DESIGNS IN	TERNATIONAL, INC.			
3. Street Address Principal Busines	is Office		City .	State	Zip
1263 Utart- Business Phone No.	ford Xvenu	ee. 5 State of Incorporation	Johnston	R.I	82919 6 SIC Code
401-372- 8		RHODE ISLAND			0
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Succes Abdress	70		SAME Street Address		
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Greenville	R. T	02828	•		••
Secretary Name	, , · · <u></u>		Treasurer Name	•	
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FOR SECRETARY	OF STATE USE ONLY

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that Asplitaniants contained herei	n are true and correct.
Signature of Officer	
Print of Type Name of Officer	
President	
Title of Officer	I wan 639 12/02



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

2002 PROFIT CORPORATION ANNUAL REPORT FOR THE



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(FORM MUST BE TYPED I) 1. Corporate ID No.	N BLACK) 2 Name of Corpon	1lint			
6980	·	NTERNATIONAL, INC.			
3. Street Address Principal Bu		TERRITORIAL, IIIO.	City	State	Zip
1263 HAR'	TFORD AVE.	5. State of Incorporation	Johnston	RI	6. SIC Gode
	tracter of Business Conducted	RHODE ISLAND in Rhode Island			(
Manu fact B. NAMES AND ADD		ICERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPAC	ES BEFORE USING ATTA	CHMENTS
resident Name			Vice President Name		
Robert 1263 Ha	Corro		Street Address	none	
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cretary Name	7	74 () {	Treasurer Name		
rect Address			Street Address		
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trector Name NON	• • • • • • • • • • • • • • • • • • •	•	Director Name	none	
reet Address			Street Address	,,,,,,,	
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	* 6 9 8 0 *
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By	DE STAIL LISE CONTY

Under penalty of penury, I decl	lare and affirm that I have examined
this repent, including any accor-	mpanying schedules and statements, and
Signature of Officer	erein are true and correct. $\frac{1 - 09 - 02}{Date}$
President	
Title of Officer	



Corporations Divisio 100 North Main Street, Providence, RI 02903-1.: 401-222-30

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 2. Name of Corporation 5. State of Incorporation the Character of Business Conducted in Rhode Island 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) OFILL IN SPACES BEFORE USING ATTACHMENTS 18. 14 (2007) Vice President Name Street Address Street Ad. City State FTI Treasurer Name ထ Street Address Street Address () O State City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) LIFILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address Zip City City :State Zip State Director Name Director Name Street Address Street Address City State 1210 City State Zip 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

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File Date:	MAY 0 1 2001
Check No.:	By Att
By:	13 288 A

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.
Signforme of Officer Date
Kobert C. Corio
Print or Type Name of Officer
Tile of Officer
not vi vitati



Corporations Divisio 100 North Main Street, Providence, RI 02903-133 401-222-365

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000



Filing Period: Jani	uary 1-March 1 •	Filing Fee: \$50.00			INSTRUCTRONS
FORM MUST BE TYPED II	N BLACK)				
Corporate ID No.	2. Nume of Corpora	ns Intern		Inc.	
3. Street Address Principal Bu	urtford A	tre	Johnsto	n State RI	²⁰ 02919
(401) 272	-2211	5. State of Incorporation	Island.		6 SIC G 35
1 Rivel Vescription or the Chi	aracter of Business Conducted : ACTURER ()	f fine less	olery		
8. NAMES AND ADD	RESSES OF THE OFF	ICERS ("X" BOX FOR ATTAC	HMENT) DEILL IN SPACE	S BEFORE USING ATTA	CHMENTS
Robert	C. Corio)	Vice President Name		
Street Address B TO	iniorack	Dr.	Street Address		
Smithfie	1d State R1	²¹⁹ 02828	City	State	Zıp
Secretary Name			Treasurer Name	······································	# 00 20 20 20 20 20 20
Street Address			Street Address		
City	State	Zip	City	State	920 VE
9. NAMES AND ADD	RESSES OF THE DIR	ECTORS ("X" BOX FOR ATT	ACHMENT) DFILL IN SPA	CES BEFORE USING AT	LD1
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	signed in ink by eith	her the President, Vice		ssistant Secretary, Trea	surer, Receiver or Truste
	signed in ink by eith	her the President, Vice		ssistant Secretary, Trea	surer, Receiver or Truste"
	signed in ink by eith	her the President, Vice	President, Secretary, A	ssistant Secretary, Trea-	

FILED
MAY 01 2001

Check No.:

By:

FOR SECRETARY OF STATE USE ONLY

FOR SECRETARY OF STATE USE ONLY

this report securing any accompanying schedules and statements, an that all statements contained herein are true and correct.

Signature of Officer

Date

Proceedings of Officer

Dr. P. S. (2011)

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

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

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No 2. Name of Corporation 5. State of Incorporation 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **OFILL IN** ACES BEFORE USING ATTACHMENTS 1989 18 4 Vice President Nume Street Address State Zip Treasurer Name Street Address Street Address City State City 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) DFILL IN SPACES BEFORE USING ATTACHMENTS: \$\frac{1}{2} \frac{1}{2} \frac{ Director Name Director Name 70 501 K Street Address Street Address 90 - 6 City State Zip City State Director Name Director Name Street Address Street Address City $Z_{1}p$ State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value ID

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By:	F STATE USE ONLY 26388

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.
Tool Cen
Signature of Officer Date
Robert C. Corio
Frint of Type Name of Officer
President
Title of Officer

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 42

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

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INVIRECTIONS

(FORM MUST BE TYPED II	N BLACK)	,			TASTACCTION
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3 Street Address Principal Bu	siness office	ive.	Inhasta	in State RI	1°/2910
4 Business Phone No.	<u></u>	5. State of Incorporation		// / / / / / /	6 SIC Code
<u>(401) 272-</u>	<u> 2211 </u>	Khode	Island		1883
7. Brief Description of the Cha	aracter of Business Conducted	in Rhode Island	101122100		
8. NAMES AND ADD	LL TOLL TUPE	ICERS (*X* BOX FOR ATTACI	JEWELL IN SPACE	C REFORE LICINIC ATTA	CUMENTS A
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Robert	C. Corio				
Street Address	MARACK))r	Street Address		
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Smithfie	Idl KI	202828			
Secretary Name			Treasurer Name		
Street Address	· · · · · · · · · · · · · · · · · · ·		Street Address		
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Senes	Par Value
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This report must be	signed in ink by eit	her the President, Vice	President, Secretary As	sistant Secretary Treas	urer. Receiver or Trusti
	g v, vii.				and the second second
					p =

Check No.:

By:

FOR SECRETARY OF STATE USE ONE

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FOR SECRETARY OF STATE USE ONE

Under penalty of perjury, 1 declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contracted herein are true and correct.

Signature of Officer

Date

Print of Type Name of Officer

Print of Officer

Title of Officer



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 97 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK) 1. Corpurate ID No 2. Name of Corporation State 15. State of Incorporation 6. SIC Code 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) DFILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Street Address Zip Ireasurer Name Street Address Street Address City State Zip City State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) DFILL IN SPACES BEFORE USING ATTACHMENTS Duector Name Director Name Street Address Stiret Address City State Zip City State Director Name Director Name Street Address Street Address City State Zip City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES **ESSUED SHARES** Number of Shares Class/Senes Par Value Number of Shares Class/Series Par Value

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By:	

Under penalty of perjury, I declare and affirm that I have ex	
this report including any accompanying schedules and state	ements, and
that all statements contained herein are true and correct.	
Signature of Officer Date	
<u>Robert C. Corio</u>	
Print or Type Name of Officer	
President	
Title of Officer	

Corporations Division 100 North Main Street, Providence, RI 02903-1333 401-222-304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 96 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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l	INSTRU	HOX

(FORM MUST BE TYPED IN BLACK)				
1. Corporate ID No.	2. Name of Corporation De Si an:	s Intern	ational, Ir	7C.	
3. Street Address Principal Business Off	ord Aven		Johnston.	State R1	02919
(401) 272-22	.11	S. State of Incorporation Rhode	Island		6. SIC Code / 83
7. Brief Description of the Character of	Business Conducted in Bhod	fine Tel	welery		
8. NAMES AND ADDRESSE	S OF THE OFFICER	S (*X* BOX FOR ATTACH!	MENT) OFILL IN SPACES BEF	ORE USING ATTACHM	ENTS
Robert C.	Cario		Vice President Name		
Street Address 14 B Tampy A	ck Dr.		Street Address		
" Courthfield	State R1	02828	City	State	Zip
Secretary Name	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Ireasurer Name	l	
Street Address		· •····	Street Address		
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9. NAMES AND ADDRESSE	S OF THE DIRECTO	DS (eve BOY TOR ATTA	CHACAST TETLE IN SDACES B	EFORE USING ATTACH	MENTS:
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10. SHARES AUTHORIZED	(*X* BOX FOR ATTACHN	4ENT) 🖸	11. SHARES ISSUED ("X" I	BOX FOR ATTACHMENT)	3
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must be signed	in ink by either t	he President, Vice P	resident, Secretary, Assista	nt Secretary, Treasurer	, Receiver or Trust-

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

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID:		Annual Report for the	year: 1	
DESIGNS I	NTERNATIONAL	., INC.		
Name of Corporation: Business entity organized under the laws of the State of: For foreign entity, address and telephone number of principal office:		[] Professional S	poration (See RIGL Chapter 7 Service Corporation (See RIG	GL Chapter 7-5.1)
Phone: () Address and telephone of the principal office of business Island (Provide street address - Not P.O. Box): [AU3_Har: vrd AVLnue _ Johnston, BI 02919	entity in Rhode		the character of business cond	
Phone: (401) 27.21.3211				
		HE OFFICERS ARE	•	ZIP CODE
Robert C. Corro	STREET AL STREET AL	, 1	TUNISTATE TUNISTATE CHYSTATE	29/4 22 CODE
Robert C. Corio	71	A CONTRACT	//	/1
Robert C. Corio	STREET AU /c	DDRESS	CITY/STATE	ZIP CODE
Rubert C. Corio	STREET AL		CITY/STATE	ZIP CODE
NAME 7	THE NAMES OF TI STREET AL	HE DIRECTORS AR	E: CITY/STATE	Als Cope
NAME	STREET AL	OORESS	City/STATE	ZIP CODI
NAME	STREET AI	DORESS	CITY/STATF	ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be atta	ched)	NUMBER OF SHARES	ISSUED AND OUTSTANDING	G (Rider may be attached)
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Date	PRINTO	What I to the side of the side		
DESIGNATED	REGISTERED AG	ENT FOR SERVICE	OF PROCESS:	
				

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

PAUL T. DICRISTOFARO, ESQ 400 RESERVOIR AVENUE, SUITE SG PROVIDENCE RI 02807 FILED
JUN 2 9 1995
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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

Corporate ID:		Annual Report for th	he year	1994
Name of Business Entity:		DESIGNS	INTERNATIONAL	, INC.
Business entity organized under the laws of the State of:	RI	Business Fatity is	s (chrck one):	
Federal Taxpayer Identification Number			iess Corporation (See RIGI	
For fereign entity, address and telephone number of principal of	ffice		ssional Service Corporation led Liability Company (See	n (See RIGL Chapter 7.5.1) : RIGL 7-16)
N/A		Name, title and it	nailing address of contact po	erson to whom:
	<u>-</u> .	communications		_
	_		T. <u>DiCristofaro,</u>	
			eservo <u>ir Avenue,</u> dence, RI 02907	
Phone 1		10416	uence, Ki 02507	
Address and telephone of the principal office of business entity Island (Provide street address - Not P.O. Box)	in Rhode			
1263 Hartford Avenue	:	•'	t the character of business of facture of jewelry	
Johnston, RI 02919			<u> </u>	
		Date of Organiza	ilzo189	1
- · · · · · · · · · · · · · · · · · · ·		,	tion to do business in Rhod	le Island (if foreign entity):
Phone (),		 .	N/A	
THE CHIEF CALCUTYS FOR CER ON (NAMUES OF THE	IE OFFICERS <u>AR</u> istas	CHYSTATE	ZIP CODE
Robert C. Corio	1263 Hartf	ord Avenue	Johnston, RI	02919
Robert C. Corio		ord Avenue	Johnston, RI	02919
TOUS CODIAN DERECORDS OF TOUS STORE FARM TOWARDS I	STREET ADD		CITYSTATE	3K002-1X
Stophanie Sacchetti	1263	ord Avenue	Inhaston, RI	02919
- Robert C. Corio	1263 Hartf	ord Avenue	Johnston, RI	02919
SAME THE	NAMES OF THE BURNING	E DIRECTORS AI	RE:	ZIE CUESE
Robert C. Corio		ord Avenue	Jo hnston <u>, RI</u>	02919
NAME	NISALI ADS	DRESS	CINSTSO!	ZIP CODE
same.	STREET ADD	RESS	Entyotiati	Viscoop
··· ·		r		_
NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHA	RES ISSUED AND OUTS	TANDING (If Applicable)
NUMBER 100		NUMBER	100	
CLASS		CLASS	100	
Common			Common	
SERIES		SERIES		
PAR VALUE OR		PAR VALUE OR		
WITHOUT PAR No Par Value		WITHOUT PAR	No Par V	/alue
3/2, 6.1	· #1			
Date	By	(<u></u>
<i>;</i>	$\mathcal{A} \in \mathcal{A}$	OBERT C.	Cor is	
	PRINT OR TO	RPE SAMÉ ÖLGET CERSIGN	:w,	
	- 1 01 01	EES (PB+IT)	-	
DESIGNATED REGISTER	ED OD DESIDI	EXT ACENT COD	CEDVICE OF BROKE	 —
UESIGNATED KEGISTEK	エル いた たじシロル	STUAGENT FUK	さいれいいい ひた じれひした	JJ.

PLEASE NOTE. If the Corporation has changed its registered office another registered or resident agent. Form 9 or Form EUC 3 must be filed

FILED

MAH **24 1994** By <u>ME59 7395</u>

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID		······································	Annual Re	port for the	year	
FIRST:	The name of the corpo	ration is	DESIGNO_I	VIEDMATI.	984	
Second:	It is incorporated un	der the laws of	Rhode Island			
THIRD:	Character of business,	briefly stated, is	manufacturing o	f jewelry	items	······································
Fourth:	If foreign corporatio	n, address of its pr	ncipal office	/A		
Fінтн:	Business address in Rh	ode Island 400 R	eservoir Avenue	, Suite 30	G, Providenc	e, RI 0290
Sіхтн:	Names and addresses o	of its directors and		ress (including nur	(Attach ric mber, street, zip code)	der if necessary)
Robert C. (Corio	Director	1263 Hartfor	d Avenue,	Johnston, R	I 02919
*******************	•••••	Director	***************************************		1**************************************	********************
		Director		•••••••	• • • • • • • • • • • • • • • • • • • •	***********************
Robert C. (Corio	President	1263 Hartfor	d Avenue,	Johnston, R	I 02919
Robert C. (Corio	Vice Presider	ıt 1263 Hartfor	d Avenue,	Johnston, R	I 02919
Robert C. (Corio	Secretary	1263 Hartfor	d Avenue,	Johnston, R	I 02919
Robert C. (Corio	Treasurer	1263 Hartfor	d Avenue,	Johnston, R	I 02919
SEVENTH	: Number of Shares a	uthorized:			Par Valu	
No. of Sha	ires (Class	Series		or statemen shares are w par valu	ithout
100	Co	ommon	. i Ö		No Par	Value
_		MAD	2 9 1993	1 %1	13°1	
Еібнти:	Number of Shares iss	uea:		1) - 31.	Y Par Valu or statement shares are wi	t that
No. of Sha			OF STATE Scries	6/20c 1	nar valu	c
100	Co	ommon	_	`. `	\ No Par	value
Dated		19	Desig ys Inernat	ional, Inc	с.	.,,,
			ame of (fortoration)			
·		By		<u> </u>		***************************************
(Re	port must be signed by an o	fficer) Ti	de President			

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

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID 6980 Annual Report for the year 1992			year 1992		
FIRST: The name of	the corporation isDesig	S Designs International, Inc.			
Second: It is incorp		hode Island			
THIRD: Character o	·	manufacturing of jewelry			
FOURTH: If foreign		ncipal officeN/A			
	lress in Rhode Island 400.	Reservoir Avenue, Suite	3G, Providence,		
SIXTH: Names and a	addresses of its directors and o	officers: Address (including num	(Attach rider if necessary)		
Robert C. Corio	Director	1263 Hartford Avenue,	Johnston, RI		
	Director				
	Director				
Robert C. Corio	President	1263 Hartford Avenue	Johnston, RI		
Robert C. Corio	Vice Presiden	t"	н		
Robert C. Corio	Secretary	11			
Robert C. Corio	Treasurer	11	11		
Seventh: Number of	of Shares authorized:		Par Value or statement that		
No. of Shares	Class	Series	shares are without par value		
100	common		no par value		
Еіднтн: Number of	Shares issued:	APR 28 1992 Series 7874/	Par Value or statement that		
No. of Shares	Class poc'd & FILED	APR Series 2/ 19	shares are without par value		
100	common	787175	no par value		
Dated April 21,	1992 (No	ame of Confidation)	lnc.		
(Renort must be si		/ tle President			

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

Corporate ID698.0		Annual Report for the year			
FIRST: The name of	FIRST: The name of the corporation is Designs International, Inc.				
SECOND: It is incor	porated under the laws of Rh	node Island			
THIRD: Character of	f business, briefly stated, is	manufacturing of jewelr	y items		
FOURTH: If foreign	corporation, address of its prin	·			
	Iress in Rhode Island400		e 3G. Providence.		
SIXTH: Names and	addresses of its directors and o		(Attach rider if necessary) mber, street, zip code)		
Robert C. Corio	Director	1263 Hartford Avenue,	Johnston, RI		
	Director				
	Director				
Robert C. Corio	President	1263 Hartford Avenue,	Johnston, RI		
Robert C. Corio	Vice President	. It	II		
Robert C. Corio	Secretary	ti	ll .		
Robert C. Corio	Treasurer	· · ·	n		
SEVENTH: Number (of Shares authorized:		Par Value or statement that shares are without		
No. of Shares	Class	Series	par value		
100	common		no par value		
Eighth: Number of	Shares issued:	n a 1997.	Par Value		
No. of Shares	Class (C)	APR 20 1	or statement that shares are without par value		
100	common	APR 28 1992 No Series 2 1 49	no par value		
Dated April 21,	199.2(Na	Designs International,	lnc.		
(Report must be si	ened by an officer) Titl	e President			

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL. PROVIDENCE, RHODE ISLAND 02903

Corporate ID 6980		Annual Report for the year1990		
FIRST: The name	·	gns International, Inc.		
SECOND: It is inco		hode Island		
THIRD: Character	of business, briefly stated, is	manufacturing of jewelry	items	
FOURTH: If foreig	n corporation, address of its pri	ncipal officeN/A		
	ddress in Rhode Island400.	Reservoir Avenue, Suite	.3G. Providence.	
SIXTH: Names and	d addresses of its directors and o	Officers: Address (including num	(Attach rider if necessary) ber, street, up code)	
Robert C. Corio	Director	1263 Hartford Avenue,	Johnston, RI	
	Director		······	
	Director		••••	
Robert C. Corio	President	1263 Hartford Avenue.	Johnston, RI	
Robert C. Corio	Vice Presider	nt"		
Robert C. Corio	Secretary	11		
Robert C. Corio	Treasurer		n	
SEVENTH: Number	r of Shares authorized:		Par Value or statement that shares are without	
No of Shares	Class	Series	par value	
100	common		no par value	
Eighth: Number	of Shares issued:	APR 28 1992	Par Value or statement that	
No. of Shares	Class	Series 24 #9	shares are without par value	
100	common	APR 28 1992 Scries 78 24/ #9	no par value	
Dated April 21,	1992	Designs International,	nc,	
(Report must be	signed by an officer) Ti	tle President		

State of Rhode Island and Providence Illantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID6980		AMENDED Annual Report for the year 1992		
FIRST: The name	of the corporation is Designs			
Second: It is inco	rporated under the laws of Rhoo			
THIRD: Character	of business, briefly stated, isma	inufacturing of jewelry	items	
FOURTH: If foreign	n corporation, address of its princip	pal officeN/A		
	Idress in Rhode Island400 Re			
SIXTH: Names and	l addresses of its directors and offic	CETS: Address (including numb	(Attach rider if necessary) ber, street, zip code)	
Robert C. Corio	Director 1	263 Hartford Avenue,	Johnston, R1	
	Director			
	Director			
Robert C. Corio	President 1	263 Hartford Avenue,	Johnston, RI	
Robert C. Corio	Vice President	· II		
Stephanie. Sacchet	tiSecretary	tt	11	
Robert C. Corio	Treasurer	n .		
Seventh: Number	r of Shares authorized:		Par Value or statement that shares are without	
No. of Shares	Class	Series PAID	par value	
100	common	MAY 2 6 1992	no par value	
Eighth: Number	of Shares issued:	O POW CAT STATE	Par Value or statement that shares are without	
No. of Shares	Class	Senes	par value	
100	common		no par value	
Dated April 21	1992	Designs International	inc.	
(Report must be	signed by an officer) Title	President		

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID)6980	• • • • • • • • • • • • • • • • • • • •	Annual Report for	the year
First:	The name of the	corporation is DESIGN	SINTERNATIONAL, INC.	
Second	: It is incorporate	ed under the laws of	thode Island and Provide	ence Plantation
Third:	Character of busi	ness, briefly stated, is	Manufacturer of Jewelry	<i>!</i>
Fourth	: If foreign corpo	ration, address of its pr	rincipal office	
Г ІГТН:	Business address i	n Rhode Island 1263	Hartford Avenue, Johns	iton, RI
Sixth:	Names and addre	sses of its directors and		(Attach rider if necessary)
	\$ 	Director		
		Director	······	······
	<u> </u>	Director		
Robert C.	Corio	President	1263 Hartford Avenue	Johnston, RI
Annie Cor	io	Vice Preside	nt 1263 Hartford Avenue	Johnston, RI
		Secretary		•••
Robert C.	Corio	Treasurer		Johnston, RI
Seventh	: Number of Sha	res authorized:		Par Value
No. of Sha	arcs	Class	Series	or statement that shares are without par value
100		Common		No par value
Еібнтн:	Number of Share	es issued:		Par Value or statement that
No. of Sha	ares	Class	Series	shares are without par value
Dated Novem	ber 14,	19 <i>89</i> DE	ESICH INTERNATIONAL I	xc
(Re	eport must be signed b	•	itle	

State of Rhode Island and Providence Plantations Corporations division 270 Westminster Mall. PROVIDENCE, RHODE ISLAND 02903

Corporate ID 6980		Annual Report for	r the year 1968
First: The name	of the corporation is DES	IGNS INTERNATIONAL INC.	······································
SECOND: It is inco	rporated under the laws of	Rhode Island and Provid	dence Plantation
THIRD: Character	of business, briefly stated,	•	/
FOURTH: If foreign		s principal office	
FIFTH: Business ad		263 Hartford Avenue, John	nston, RI
SINTH: Names and	addresses of its directors a		(Attach rider if necessary) ng number, street, zip code)
	Director		
	Director		
	Director		
Robert C. Corio	President	1263 Hartford Avenue	, Johnston, RI
Annie Corio	Vice Pres	ident 1263 Hartford Avenue	, Johnston, RI
Rose Marie Corio	Secretary	28 Cooper Street	
Robert C. Corio	Treasurer	1263 Hartford Avenue	, Johnston, RI
SEVENTH Number	of Shares authorized:	Series	Par Value or statement that shares are without par value
100 €	Common		No par value
Eighth: Number o	f Shares issued:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
Dated November 14,	19 84	DESIGNS INTERNAVIONAL, (Name of Corporation) By	inc.
(Report must be s	igned by an officer)	Title	

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID. 6980		Annual Report for the year.	1987
		INTERNATIONAL INC.	
Second: It is incorpo	rated under the laws of Rho	de Island and Providence Pl	antation
Third: Character of	business, briefly stated, is Ma	nufacturer of Jewelry	
FOURTH: If foreign co	orporation, address of its prin	ncipal office	
FIFTH: Business addre	ess in Rhode Island1263.H	artford Avenue, Johnston, R	I
Name	Idresses of its directors and o	officers: Address (including number, st	(Attach rider if necessary)
<u> </u>	Director		•••••••••••••••••••••••••••••••••••••••
	Director		
	Director		
Robert C. Corio	President	1263 Hartford Avenue, Johns	ston+,,RIL
Annie Corio	Vice Presiden	t 1263 Hartford Avenue, Johns	ston, RI
Rose Marie Corio	Secretary	28 Cooper Street	•
Robert C. Corio	Treasurer	1263 Hartford Avenue, Johns	ston, RI
SEVENTH: Number of	Shares authorized:		Par Value or statemen: that shares are without
No. of Shares	Class	Series	par value ,
100	Common		No par value
Елдити: Number of S	Shares issued:		Par Value or statement that shares are without
No. of Shares	Ciass	Senes	par value
Dated November 14,	****************	ESIGNS INTERNATIONAL, INC.	
(Report must be see	ned by an officer) Til	/ .tie	

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID 6980		Annual Repo	rt for the year 1986
First: The name of	the corporation is Design		ational, Inc.
	oorated under the laws of		nd and Providence Plantations
FOURTH: If foreign of	corporation, address of its princi	pal office	
FIFTH: Business add	ress in Rhode Island 387 RT 02904	Charles o	St. Bldg #6
	ddresses of its directors and office	Cers: Address (i	(Attach rider if necessary) ncluding number, street, zip code) Rd. Pole #36 Clayville, 02815
	Director		Layville, 028.3
	Director President		
	Vice President		
	Secretary		
_	f Shares authorized:		Par Value or statement that
No. of Shares 5000	Class Common Stock No. Shares issued:	Series	shares are without par value NO PAT VAIVE
EIGHTH: Number of S		Quite.	Par Value or statement that shares are without
Dated August 20	19 86 14 CHERE (Name of the control	Series 25.905 Inte	par value mational
AUG 26 (Report must be sign	EN By	Cano	

Filling fee: \$15.00

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

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

CORP 10# 6980	Annual Report	for the year 1985
	e corporation is NTERNATIONAL, INC	
NESIGNS I	•	IODE TOLIALD
SECOND: It is incorpor	ated under the laws of	HODE ISLAND
	siness, briefly stated, is	
MANUFACTE	THER OF ACCESSORIES	L OTHER RELATED ITEMS
Fourth: If foreign co	orporation, address of its prin	cipal office
	ss in Rhode Island (blank re 1., BLDG. G., PROVIDEN	_
SIXTH: Names and add	dresses of its directors and o	fficers:
(Addresses must	Include street and number, if any)	
Name	Office	Address
	Director	
	Director	
	Director	
ROBERT C CORIO	President (AS	ABOVE)
ANNIE CORIO	Vice President	r
ANNIE CORIO	Secretary (× >
ROBERT C CORIO	Treasurer (AS	ABOVE)
SEVENTH: Number of	Shares authorized:	Par Value
No. of Shares	Class Series	shares are without par value
5,000 COMMON	STOCK NO PAR V	4LVE
Eigнтн: Number of S	אָרָטִוּלְ Shares issued:	Par Value or statement that shares are without
No. of Shares	Class Series	par value
500		
Dated: 21 OCTOBER	Name of Cor By ROBER	

If the corporation has changed its destricted office and/or its registered agent, Form #9 must be filed. Please contact corporation Division for information. 277-3040