

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 Procidence, RI 02903-1335 401-222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2005

Corporate II) No	2 Name of Corp					
114690	Six-Eight,	Inc.				
Sheet Address Penniped Busine 20 Alcar Drive	ss Office		Johnston	State RI	2φ 02919	
4 Business Piecie Xi (401) 413-2451 State of hamporate RHODE ISLAN			on 0 MC Code ND 1883			
Bear TO MANUFACTURE O	OSTUME JEWEL	RY AND NOVELTY ITEMS.			<u> </u>	
Michael A. Cas		CERS: ("X" BOX FOR AT	TACHMENT) FILL I	N SPACES BEFORE USIN	G ATTACHMENTS	
20 Alcar Drive			Street Address 43 Butler	Street	<u> </u>	
Johnston	State RI	02919	Cranston	State RI	74p 02920	
Marge D. Jones	i		Treasurer Name Kerri L. Castelli			
43 Butler Stre			Mred Address 20 Alcar D	rive		
Cranston	RI	02920	ony Johnston	State RI	^{Ζφ} 02919	
rector Name Michael A. Cas		CTORS: ("X" BOX FOR A	TTACHMENT) [] FILL Director Name Charles Q.		NG ATTACHMENTS	
same as above			Street Address same as ab	ove		
ty.	State	Zīp	City	State	Zap	
rector Name	··· L	J	Director Name			
reet Address			Street Address		<u> </u>	
tr -	State	Zιp	Cay	State	Zip	
D. SHARES AUTHORIZED THORIZED SHARES	("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ISSUED SHARES	("X" BOX FOR ATTACH	IMENT) []	
unber of Shares	Class Series	Par Value	Number of Shares	Class/Series	Par Value	
1,000 NO PAR VALUE			1,000	Common	None	
This report must be	signed in ink by	cother the President Wies	President, Secretary, Assist			

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

1\3\05

MICHAEL A. CASTELLY Print or Type Name of Officer

THE OJ Officer

.... 670 Day 12/02



FOR SECRETARY OF STATE USE ONLY

* 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

Office of t	he Secretary of State	•			401.222.304
PROFIT COR. Filing Perlod: January	PORATION	ANNUAL REP	ORT FOR THE	YEAR 2004	
(FORM MUST BE TYPED	IN BLACK)	-			
1. Corporate ID No.: 114690	2. Name of Corp Six-Eight, I				ra an an earling
3 Street Address Principal E	Business Office		City	State	Zip
20 ALCAR DRIVE 4 Business Phone No.			JOHNSTON	RI	02919-
	,	5. State of Incorporati RHODE ISLAN			6. SIC Code
(401) 413-245 7. Brief Description of the C TO MANUFACTURE CO	haracter of Business Co		<u></u>	_··	, 1883
8 NAMES AND ADDR President Name	esses of the of	FICERS PROBLEM	TACHMENT) THAT IN SI	ACES BEFORE USING A	TACHMENTS.
Michael A. C Street Address	astelli	~~~~ ~~~	Charles Q.	Jones	
20 Alcar Dri	ve		•	't voot	
City	State	Zip	43 Butler S	State	Zip
Johnston	RI		Cranston	RI	02920
Marge D. Jon Street Address	es			stelli	
AZ Rutlan Ct	wa.a.t		'Street Address		
43 Butler St	State	Zip	20_Alcar Dr	iveState	Zip
Cranston 9. NAMES AND ADDRI Director Name	ESSES DETHE DU	RECTORS (EXC. BOX FOR	ATTACHMENDI FILEN	SAVCES BELOKE DAINGS	ATTACHMENTS
Michael A. Ca	astelli		Director Name Charles Q.	Jones	
Street Address			Street Address		
same as above			: same as abo	ve	
City	State	Zip	City	State	Zip
Director Name			Director Name		
Sirees Address			Street Address		
City	State	Zip	.City	State	Zip
10.SHARES ATOMORÍ	ZÉDEZEX ESÖZGFŐR	│ ØäZÖIJħŸŔŶŊ		 	
UTHORIZED SHARES			ISSUED SHARES		
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
,000 NO PAR VALUE	Ξ		1,000	Common	None
hie sanous militalita usa.					
ms report must be sigi	ucu in ink by eithi	er in e rresideni , Vice Pi	resident, Secretary, Assis	tant Secretary, Treasur	er, Receiver or Trustee
## ## ## ## ## ## ## ##	6 9 0			jury, I declare and affirm the	
114690 DBG 01/30/0	D4\11:11:22 AM			s contained herein are true	
File Date	UY TENT	-) andrage	est. D. L.	1-30-04
Check No 1		_	Signature of Officer Michael A	Da Contolli	le
$M_{\rm D}$		_	Michael A. Print or Type Name of C	Castelli Officer	

President

Form 630 12/01

Title of Officer



1. Corporate ID No.

114690

3. Street Address Principal Business Office

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

Zip

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ 2003

Filing Period: January 1-March 1	•	Filling Fce: \$50.00	
(FORM MUST BE TYPED OR PRINTED IN BLACK)			

2. Name of Corporation

Six-Eight, Inc.

20 Alcar Drive 4. Rusiness Phone No.	:	5. State of Incorporation	Johnston	RI	02919 6. SIC Code
(401) 261-5500 7. Brief Description of the Characte		RHODE ISLAND in Rhode Island			1883
Manufacturing 8. NAMES AND ADDRES President Name	of_costume SES OF THE OFF	e_jewelry_and_no TCERS (*X* BOX FOR ATTACH	OVEITY_items IMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	CHMENTS
Michael A. Cas			Charles Q. Street Address	Jones	
20 Alcar Drive	!		43 Butler St	treet	
City	State	Zip	City	State	Zip
Johnston Secretary Name	RI	02919	Cranston Treasurer Name	RI	02920
Marge D. Jones	i e		Kerri L. Cas	stelli	
43 Butler Stre	et		20 Alcar Dr:	ive	
City	State	Zip	City	State	Zip
Cranston 9. NAMES AND ADDRES Director Name	RI SES OF THE DIR	02920 ECTORS (*X* BOX FOR ATTA	Johnston CHMENT) FILL IN SPACI Director Name	RI ES BEFORE USING ATT	02919 ACHMENTS
Michael A. Cas	telli		Charles Q. Street Address	Jones	
same as above			same as abou	re	
City	State	Zip	City	State	Zip
Director Name	·	* *	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D ("X" BOX FOR ATI	ACHMENT)	11. SHARES ISSUED (* ISSUED SHARES	X° BOX FOR ATTACHMENT) .
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE					
HOUSE HOT AIR FACUE			1,000	Common	None
			-		

City

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

√.3 5



File Date:	FILED
Check No.:	MAR 0 7 2003
Ву:	By CoM - 5 330
FOR SECRETARY OF	STATE USE ONLY

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Signature of Officer Michael A. Castelli Print or Type Name of Officer <u>President</u> Title of Officer

Form 630 12/02

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



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 <u>200</u>2



Filing Period: January 1-March 1	•	Filing Fee: \$50.00
(FORM MUST BE TYPED IN BLACK)		

1. Corporate ID No.

2. Name of Corporation

114690

4 Business Phone No.

Six-Eight, Inc.

3. Street Address Principal Business Office

City

Johnston

State

Zin

20 Alcar Drive

5. State of Incorporation

RI

02919

(401) 261-5500

RHODE ISLAND

6. SIC Code 1883

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

Manufacturing of costume jewelry and novelty items.

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

President Name

Michael A. Castelli

Street Address

Secretary Nume

Marge D. Jones

Street Address

43 Butler Street

RI

Zip

02920

Charles O. Jones

Street Address

Treasurer Name

Vice President Name

Kerri L. Castelli

Street Address

20 Alcar Drive

Johnston

Charles Q. Jones

State RI

Zip

02919

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

Cranston

State

Michael A. Castelli Street Address

same

City

Director Name

Street Address

City

. 7.ip

City

Street Address same

Director Name

State

Zip

Director Name

Street Address

State

Zip

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

AUTHORIZED SHARES

1,000 NO PAR VALUE

Number of Shares

Class/Series

State

Par Value

210

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

Common

None

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 that all statements contained herein are true and correct.

MICHAEL

RESIDENT Title of Officer



L. Corporate ID No.

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

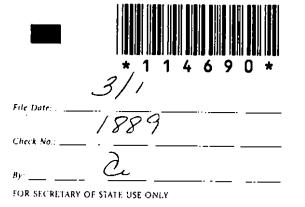
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

ruing Perioa: january 1-March 1	•	Filing Fee: \$50.00	
(FORM MUST BE TYPED IN BLACK)			

2. Name of Corporation

Street Address Principal Busi	ness Office		City	State	Zip
20 Alcar Driv Business Phone No.	ve	5 State of Incorporation	Johnston	RI	0291 6 SIC Cade
(401) 261-550 Brief Description of the Char		RHODE ISLA	ND		1883
Manufacturing NAMES AND ADDR	g.ofcostume RESSES OF THE OFF	jewelry-and ICERS ("X" BOX FOR ATT	novelty-items. ACHMENT) FILLIN SPACES Vice President Name	BEFORE USING ATTAC	HMENTS
Michael A. Ca	astelli		Charles Q. J	ones	
20 Alcar Driv	ve		43 Butler St	reet	
ty	State	Zip	City	State	Zip
Johnston Tetary Name	RI	02919	Cranston Treasurer Name	RI	02920
Marge D. Jone eet Address	es		Kerri L. Cas	telli	
3 Butler St	reet		20 Alcar Dri	ve	
y	State	Zip	City	State	Zip
	RI SESSES OF THE DIR	02920 ECTORS (*X* BOX FOR A	Johnston (TACHMENT) FILL IN SPAC	RI ES BEFORE USING ATTA	02919 ACHMENTS
ector Name			Director Name		
Michael A. Ca	astelli		Director Name Charles Q. Je Street Address	ones	
lichael A. Ca	astelli		Charles Q. Je	ones	
Michael A. Ca et Address same	astelli State	Zıp	Charles Q. J	ones State	Zıp
Michael A. Ca Michael A. Ca ect Address Same y rector Name		Zip	Charles Q. Je Street Address same		<i>Z</i> (p
Michael A. Ca ect Address same y		2гр	Charles Q. Jo Street Address same City		<i>71p</i>
dichael A. Ca ret Address Same v ector Name		Zip Zip	Charles Q. Jo Street Address Same City Due, for Name		Z1p Z1p
Michael A. Ca ect Address Same y rector Name	State State	Дгр	Charles Q. Jo Street Address Same City Dure for Name Street Address City	State	Zıp
Michael A. Ca cet Address Same y cector Name ret Address SHARES AUTHORIA	State State	Дгр	Charles Q. Jostreet Address Same City Due, for Name Street Address City 11. SHARES ISSUED (State	Zıp

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.

Michael A. Castelli Print or Type Name of Officer

President

Title of Officer