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. Corporate ID No	2. Name of Corporation			
114690	Six-Eight, Inc.			
3. Street Address Principal Business Office		City	State	Zip
20 Alcar Drive		Johnston	RI	02919
4. Business Phone No	5. State of Incorporation			6. SIC Code
(401) 413-2451	RHODE ISLAND			1883

7. Brief Description of the Character of Business Conducted in Rhode Island
TO MANUFACTURE COSTUME JEWELRY AND NOVELTY ITEMS.

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

President Name	Street Address	City	State	Zip
Michael A. Castelli	20 Alcar Drive	Johnston	RI	02919

Vice President Name	Street Address	City	State	Zip
Charles Q. Jones	43 Butler Street	Cranston	RI	02920

Secretary Name	Street Address	City	State	Zip
Marge D. Jones	43 Butler Street	Cranston	RI	02920

Treasurer Name	Street Address	City	State	Zip
Kerri L. Castelli	20 Alcar Drive	Johnston	RI	02919

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

Director Name	Street Address	City	State	Zip
Michael A. Castelli	same as above			

Director Name	Street Address	City	State	Zip
Charles Q. Jones	same as above			

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	NO PAR VALUE	

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

[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

Michael A. Castelli 1/3/05
Signature of Officer *Date*

MICHAEL A. CASTELLI
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date 1-26-05
Check No. 118
By ac

FOR SECRETARY OF STATE USE ONLY

[redacted]

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 IN BLACK)

1. Corporate ID No.	2. Name of Corporation
114690	Six-Eight, Inc.

3. Street Address Principal Business Office	City	State	Zip
20 ALCAR DRIVE	JOHNSTON	RI	02919-

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(401) 413-2451	RHODE ISLAND	1883

7. Brief Description of the Character of Business Conducted in Rhode Island
TO MANUFACTURE COSTUME JEWELRY AND NOVELTY ITEMS.

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

President Name	Vice President Name
Michael A. Castelli	Charles Q. Jones
Street Address	Street Address
20 Alcar Drive	43 Butler Street
City / State / Zip	City / State / Zip
Johnston / RI / 02919	Cranston / RI / 02920
Secretary Name	**Treasurer Name**
Marge D. Jones	Kerri L. Castelli
Street Address	Street Address
43 Butler Street	20 Alcar Drive
City / State / Zip	City / State / Zip
Cranston / RI / 02920	Johnston / RI / 02919

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

Director Name	Director Name
Michael A. Castelli	Charles Q. Jones
Street Address	Street Address
same as above	same as above
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	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*
1,000 NO 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

[redacted] 1 1 4 6 9 0 [redacted]

114690 DBC 01/30/04 11:11:22 AM
File Date 2.2.04
Check No 116
By: MP
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 A. Castelli 1-30-04
Signature of Officer *Date*

Michael A. Castelli
Print or Type Name of Officer

President
Title of Officer

[redacted]

Form 630 12/01

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.: 114690
2. Name of Corporation: Six-Eight, Inc.
3. Street Address Principal Business Office: 20 Alcar Drive — City: Johnston — State: RI — Zip: 02919
4. Business Phone No.: (401) 261-5500
5. State of Incorporation: 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: 20 Alcar Drive
City: Johnston — State: RI — Zip: 02919

Vice President Name: Charles Q. Jones
Street Address: 43 Butler Street
City: Cranston — State: RI — Zip: 02920

Secretary Name: Marge D. Jones
Street Address: 43 Butler Street
City: Cranston — State: RI — Zip: 02920

Treasurer Name: Kerri L. Castelli
Street Address: 20 Alcar Drive
City: Johnston — State: RI — Zip: 02919

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

Director Name: Michael A. Castelli
Street Address: same as above
City — State — Zip

Director Name: Charles Q. Jones
Street Address: same as above
City — State — Zip

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	NO PAR VALUE	

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

[redacted]

* 1 1 4 6 9 0 *

File Date: FILED

Check No.: MAR 07 2003

By: By [illegible] 3-30

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.

Michael A. Castelli — 2-2-03
Signature of Officer — *Date*

Michael A. Castelli
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

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 114690

2. Name of Corporation Six-Eight, Inc.

3. Street Address Principal Business Office 20 Alcar Drive

City Johnston *State* RI *Zip* 02919

4. Business Phone No. (401) 261-5500

5. State of Incorporation 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

Vice President Name Charles Q. Jones
Street Address

Secretary Name Marge D. Jones
Street Address 43 Butler Street
City Cranston *State* RI *Zip* 02920

Treasurer Name Kerri L. Castelli
Street Address 20 Alcar Drive
City Johnston *State* RI *Zip* 02919

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

Director Name Michael A. Castelli
Street Address same
City *State* *Zip*

Director Name Charles Q. Jones
Street Address same
City *State* *Zip*

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	NO PAR VALUE	

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

[redacted]

* 114690 *

File Date: 2/21/02

Check No.: 104

By: JC

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.

Michael A. Castelli 1-24-02
Signature of Officer *Date*

MICHAEL CASTELLI
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. 114690

2. Name of Corporation Six-Eight, Inc.

3. Street Address Principal Business Office 20 Alcar Drive

City Johnston *State* RI *Zip* 02919

4. Business Phone No. (401) 261-5500

5. State of Incorporation 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 20 Alcar Drive
City Johnston *State* RI *Zip* 02919

Vice President Name Charles Q. Jones
Street Address 43 Butler Street
City Cranston *State* RI *Zip* 02920

Secretary Name Marge D. Jones
Street Address 43 Butler Street
City Cranston *State* RI *Zip* 02920

Treasurer Name Kerri L. Castelli
Street Address 20 Alcar Drive
City Johnston *State* RI *Zip* 02919

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

Director Name Michael A. Castelli
Street Address same
City *State* *Zip*

Director Name Charles Q. Jones
Street Address same
City *State* *Zip*

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 NO PAR VALUE		

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

114690

File Date: 3/1

Check No.: 1889

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.

Michael A. Castelli 2-21-01
Signature of Officer *Date*

Michael A. Castelli
Print or Type Name of Officer

President
Title of Officer