

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthewal Byonen, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1355 401.222.3040

56792 A	one of Corporation  A & N JEWELRY	COMPANY			
Street Address Principal Bysiness Office HARLES	Street	·	can Made Laure	State V2C	33904
Business Phone No.  10 704 - 6746  Brief Description of the Character of Busin		5. State of Incorporation  RHODE ISLAND		•	6. SIC Code 1883
TO MANUFACTURE JEWELRY	Y				
NAMES AND ADDRESSES OF THE SIDE NAME ELMC	Kawy	("X" BOX FOR AITAC	Vice President Name	CES BEFORE USING A	TTACHMENTS
744 DRMS ST	neet		Street Address		
prévidence suiv	RI	09208	City	State	Zip
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344 DMS 3	Street		344 OWN?	street	
" prod/della sun	KI	56540 AX	ciù LUPOIGENTO	State RA	80860
NAMES AND ADDRESSES OF The invitor Name	HE DIRECTORS	: ("X" BOX FOR ATT	ACHMENT) [] FILL IN SE	PACES BEFORE USING	ATTACHMENTS
eri Address	<del></del>		Street Address		
ty State		Zip •	Сиу	State	Zφ
		• • • • • • • • • • • • • • • • • • • •	Director Name		
rector Name			Street Address		
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ty State  D. SHARES AUTHORIZED ("X" I					
ty State  D. SHARES AUTHORIZED ("X" I	BOX FOR ATTA		City  11. SHARES ISSUED ("X"		
D. SHARES AUTHORIZED ("X" I	BOX FOR ATTA	CHMENT)	Gity:  11. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHME	

File Date	FILED	
Check No	MAR 1.0. 2005	
Ву:	7V-18434	
	FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm the including any accompanying schedules and state contained herein are true and correct.	ments, and that all statements
17. 5/me/a	3-1-05
Signature of Officer	Date
Mekawy Elme	ka wy
Print or Type Name of Officer	-
Treagurer	
Title of Officer	



FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

Filing Period: January	ORATION I - March I • I	ANNUAL REPO	RT FOR THE	YEAR 2004	
(FORM MUST BE TYPED IN	BLACK)	,			
1. Carporate ID No.	2. Name of Corpo				
56792		ELRY COMPANY			
3 Street Address Principal Bu			City	State	- Zip
1029 CHARLES STR	EET		PROVIDENCE	RI	02904
4. Business Phone No.		5 State of Incorporation			6. SIC Code
4017240740		RHODE ISLAND			1883
* Brief Description of the Cha TO MANUFACTURE JEW	aracter of Business Coi				· <del>-</del>
8. NAMES AND ADDRE	SSES OF THE OF	FICERS ("X" BOX FOR ATTA	ACHMENT)   FILL IN SI	PACES BEFORE USING AT	TACHMENTS
Dianne Elmekawy			THE THESILEM HIME		
Street Address			Street Address	·	*
344 Orms Street					
City	State	Zip	City	State	Zıp
Providence	RI	02908	<b>v</b>	chait	ειρ
Secretary Name			Treasurer Name		
Dianne Elmekawy			Mekawy Elmekawy	,	
Street Address		··· • · · · · · · · · · · · · · · · · ·	Street Address	Germania de la composição	
344 Orms Street			,344 Orms Street		
Cay	State	Zip			
Providence	RI	02908	City	State	Zip
	=		. Providence	RI	:02908
Director Name	SSES OF THE DIK	ECTORS ("X" BOX FOR AT	TACHMENT)    FILL IN   Director Name	SPACES BEFORE USING /	ATTACHMENTS
Street Address		•	Street Address		
Ciny	State	<sup>*</sup> Zip	Cuy	State	Ziρ
Director Name			Director Name	• • • • • •	•
Street Address			Street Address		
Cny	State	7 <i>1</i> p	City	State	Ζιρ
10. SHARES AUTHORIZ	FD ("X" ROX FOR	ATTACHMENT:	11 CHARES ICCION AND	(T. D.(1)/ EOD	- 5
AUTHORIZED SHARES	( A DOX 1 OIL	ATTACHMENT)	ISSUED SHARES	" BOX FOR ATTACHMENT	<i>n</i> ⊔
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	. Par Value
000110 - 1 - 1 - 1 - 1			•••		
300 NO PAR VALUE			None	i	•
			1 · · · · · - · ·		A Company of the Comp
Place were set of the set			i		
nis report must be sign	ed in ink by eithe	er the President, Vice Pres	sident, Secretary, Assis	stant Secretary, Treasu	rer Receiver or Truste
AL BUILD BUILD SAN	9 <b>0</b> 1000 HT				
	NO TRIAT ÎN				
> 6 /	9 2			jury, I declare and affirm th	
	<del></del>		this report, including	any accompanying schedu	iles and statements,
*56792 DBC 08/20/04	03:17:39 PM*		and that all statemen	ts contained herein are true	and correct.
File Date 9 7	04		WX III ALL	TI Ilm	$Q = \Delta I$
1 + 1		-	_xxww	r y wy	9-01-04
Check No. 100	963		Signature of Officer	, ,	ute
- · · · · · · · · · · · · · · · · · · ·	_ <del></del>	~	<u>Dianne Elm</u>		
ρ., Λ Λ.			Print or Type Name of	Officer	

President

Edward S. Linson, III, Severy, of Sair Carporation Division 100 North Main Street, Providence, Ri 02903-1535 401-222-3040

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

<b>FORM MUST</b>	"BETITED OR	PRINTED IN A	BLACK)	

1.	Corporate	11)	No	

2. Name of Corporation

56792

A & N JEWELRY COMPANY

3. Street Address Principal Business Office 1029 Charles Street

State North Providence

Zip

02904

4. Business Phone No.

S. State of Incorporation

6 SIC Code

(401) 724-0740

**RHODE ISLAND** 

1883

To manufacture jewelry; and for other lawful 7. Brief Description of the Character of Rusiness Conducted in Rhode Island legal purposes.

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

FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name

State

Street Address

City

President Name
Dianne Elmekawy

None

344 Orms Street

Providence

ŔΙ

02908

 $Z_{ip}$ 

Secretary Name Dianne Elmekawy

Street Address

344 Orms Street

RI

02908

Treasurer Name

Mekawy Elmekawy

Street Address

344 Orms Street

Providence

RI 02908

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

Street Address

City

City

NONE

Providence

Street Address

Director Name

Street Address

Director Name

Director Name Street Address

State

State

Zip

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

AUTHORIZED SHARES

300 NO PAR VALUE

Number of Shares

Class/Series

Par Value

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

SSUED SHARES

Number of Shares

Class/Series Par Value

NONE

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

ية صفي المناه ال File Date:

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.



Exected S. Inman, William of Sylvania Corporations Division 100 North Main Street, Providence, RI 02903-1.535 401-222-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

STOP PLEASE READ ENSTRUCTIONS

Filing Period: January	I-March	1 • F	illng Fe	c: \$50.00		· · · · · · · · · · · · · · · ·	PLEASE I INSTRUCT
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. Corporate ID No.	2. Name of	Corporation	•	•			<u></u>
56792	A & N	JEWELR	Y COMP	ANY			
. Street Address Principal Business (	Office				City	State	Zip
1029 Charles Stre	eet		S. State	of Incorporation	North Prov.	RI	02904 6. SIC Code
401-724-0740				HODE ISLAND			1883
. Brief Description of the Character	of Business Cor	idu <mark>cted in R</mark>			ıfacture jewelry; and	for other lawful	
B. NAMES AND ADDRESS	ES OF THI	E OFFICE	RS ("x" )	BOX FOR ATTAC	HMENT) FILL IN SPACES I Vice President Name	BEFORE USING ATTA	CHMENTS
Dianne Elmekaw	y		<del></del>	-	None Street Address	•	
344 Orms Street							
Providence	Sinte	RI	Zip	02908	City	State	ZIp
ecietary Name					Deasurer Name		
Dianne Elmekaw	y				Mekawy Elme	kawy	
344 Orms Street					344 Orms Stre	eet	
Providence	State	RI	ZIp	02908	Providence	State RI	02908
NAMES AND ADDRESS	ES OF THE	DIRECT	CORS (*X	" BOX FOR ATTA	CHMENT) FILL IN SPACE Director Name	S BEFORE USING ATT	TACHMENTS
NONE:	•		-		Street Address	•	
ity	Stute		Zip		City	State	Zip
irector Name					Director Name		
reet Address					Street Address		
ity	State		Zip S		City	State	Zip
D. SHARES AUTHORIZED JHORIZZD SHARIS	(*X* BOX FO	OR ATTACH	MENT)		11. SHARES ISSUED (*)	(* BOX FOR ATTACHMEN	(1
umber of Shares	Class/Series		Par Valu	e	Number of Shares	Class/Series	Par Value
300 NO PAR VALUE					MONT		
					NONE		

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

File Date:	19/02	
Theck No.:	8175	
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 convained herein are true and correct.

Strike of Officer

Di ANNE EIMEKANY

Tring Type Name of Officer

(FORM MUST BE TYPED IN BLACK)

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

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040



8 A	N JEWEL	RY CO	MPANY .				•
îce		-	•	City North Dross	· State	Dī	<sup>Zip</sup> 02904
; , <del>.</del>			-	North Prov.		<b>N1</b>	
				· · ·	•		~ 1883°
Business Co	nducted in Rh	ode Island	To manufa	cture jewelry; an	d for other i	awful and	l legal purposes
S OF TH	E OFFICE	RS (*x*)	BOX FOR ATTACHA	AENT) FILL IN SPAC	ES BEFORE US	ING ATTACE	IMENTS
				None			
				Street Numers			
State	RI	Zip	02908	City	State		Zip
				Treasurer Name			
				▼	nekawy		
				Street Address	reet		
State		Zip					Zip acces
	RI	•	02908	Providence	. •	$\mathbf{RI}$	02908
S OF TH	E DIRECT	ORS (*x	" BOX FOR ATTAC	HMENT) FILL IN SPA Director Name	ACES BEFORE (	JSING ATTA	CHMENTS
				Street Address			•
State	r Jaans	Zin:	and the second of the second	The state of the s	· · · · · · · · ·		L
		-,			/ Jan- Sibit .		The state of the s
				Director Name			
				Street Address			
State		Zip		City	State		Zip
"X" BOX I	OR ATTACH	MENT)		11. SHARES ISSUED	) ("X" BOX FOR A	TTACHMENT)	
Class/Serie	·s	Par Val.	ıe.	Number of Shares	Class/Se	ries	Par Value
	State State State State	State RI State	State RI	State of Incorporation RHODE ISLAND  Business Conducted in Rhode Island TO Manufa  S OF THE OFFICERS ("X" BOX FOR ATTACHM  State RI 02908  State RI 02908  State Zip 02908  State Zip 219  State Zip 219  State Zip 22908	North Prov.  S. State of Incorporation RHODE ISLAND  Business Conducted in Rhode Island To manufacture jewelry; and S OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACE Vice President Name None Street Address  State RI 02908  Treasurer Name Mekawy Elm Street Address 344 Orms St.  State RI 02908 Providence  S OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACE OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACE OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACE OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACE OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACE OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACE OF THE DIRECTOR STATE OF THE DIRECTOR Name Street Address Str	North Prov.  5. State of Incorporation RHODE ISLAND  Business Conducted in Rhode Island To manufacture jewelry; and for other I  5. OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING None Street Address  State  RI 02908  Treasurer Name  Mekawy Elmekawy  Street Address  344 Orms Street  State  RI 02908  Providence  State  OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING Name  Street Address  State  Zip 02908  Providence  State  State  Zip City State  Director Name  Street Address  State  Zip City State	State of incorporation RHODE ISLAND  Soft The Officers (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT None Street Address  State  RI 02908  Treasurer Name  Mekawy Elmekawy  Street Address  State  RI 02908  Treasurer Name  Mekawy Elmekawy  Street Address  State  RI 02908  Frovidence RI  State  RI 02908  State  State  RI 02908  Treasurer Name  Mekawy Elmekawy  Street Address  State  RI 02908  State  RI  OPProvidence RI  State  State  RI  OPProvidence RI  State

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

	* 5 6 7 9 2 *	Under penalty of perjury, I declare and affirm that I have examined
File Date:	1/17	this report, including any accompanying schedules and statements, and that All statements consumed herein are true and correct.
Check No.:	7547	Signature of Officer Date  DIANNE EL MEKAN
Ry:FOR SECRETARY	OF STATE USE ONLY	Trint or Type Name of Officer  The of Officer

Surres 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)

1. Corporate ID No.

2. Name of Corporation

56792

A & N JEWELRY COMPANY

J. Street Ac	iaiess rrin	cipai Hi	usiness	om
1029	Char	les S	Stre	eť

North Prov.

RI

zip02904

401-724-0740

S. State of Incorporation

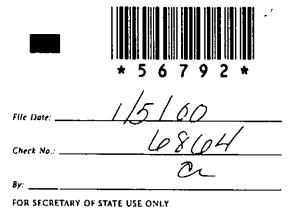
6. SIC Code

RHODE ISLAND
To manufacture jewelry; and for other lawful and legal purposes 7. Brief Description of the Character of Business Conducted in Rhode Island

8. NAMES AND ADDRESSI President Name Dianne Elmekawy	ES OF T	HE OFFICI	ERS ("X"	BOX FOR ATTAC	CHMENT) FILL IN SPACES  Vice fresident Name  None	BEFORE USING ATTAC	CHMENTS
Street Address 344 Orms Street					Street Address		
<sup>c</sup> (Providence	State	RI	Zip	02908	City	State	Zip
Secretary Name Dianne Elmekawy				•	Mekawy Elmel	awy	
Street Address 344 Orms Street					sw344'Orms Stree	et	
<sup>c</sup> . Providence	State	RI	Zip	02908	<sup>cu</sup> Providence	State RI	zip 02908
9. NAMES AND ADDRESSI Director Name	ES OF T	HE DIREC	TORS (	X° BOX FOR ATT	ACHMENT) FILL IN SPACE Director Name	ES BEFORE USING ATT	ACHMENTS
NONE . Street Address					Street Address		
City	State		Zip		City	State	Zip
Director Name					Director Name		
Street Address					Street Address		
City	State		Zip		City	State	Zíp
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX	FOR ATTAC	HMENT)		11. SHARES ISSUED (*	X* BOX FOR ATTACHMEN	т)
Number of Shares	Class/Se	rtes	Par Ve	alue	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

NONE



300 SHS NO PAR VAL

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.



James R. Langevin, Secretary of Carle 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



FORM MUST BE TYPED IN BLA	CK)				
1. Corporate ID No.	2. Name of Curporat	lan	•		
56792	A & N J	EWELRY COMPAN	ΙΥ		
3. Street Address Principal Business			City	State	77-
1029 Charles S			North Prov.	RI	zi <sub>p</sub> 02904
4. Ausiness Phone No.		5. State of Incorporation		***	
724-0740		Rhode I			6. SIC Code 1883
7. Brief Description of the Character	of Business Conducted in				1007
			her lawful purpos	5 A	
8. NAMES AND ADDRES President Name	SES OF THE OFFI	CERS ("X" BOX FOR ATTA		EFORE USING ATTA	CHMENTS
Dianne Elmekawy	ı		none		
Street Address					
344 Orms Street			Street Address		
Clly	State	Zip	Chr		
Providence	RI	02908	City	State	Zip
Secretary Name		02300	<b>T</b>	•••	
Dianne Elmekawy			Treasurer Nome Mekawy Elme	. 31.111	
Street Address			<del>-</del>	Kawy	
344 Orms Street			Street Address 344 Orms Sti	root	
City	State	21-			
Providence	RI	zıp 02908	Providence	State RI	2ip 02908
9. NAMES AND ADDRESS					
Director Name	DES OF THE DIKE	CIURS ("X" BOX FOR AT		BEFORE USING AT	TACHMENTS
none			Director Name		
Street Address			Street Address		
			Street Anaress		
City	State	Zip	City	State	Zip
			•		C.P
Director Name			Director Name	• • •	•
· · · · · · · · · · · · · · · · · · ·					
Strect Address			Street Address		
City	State	21p	City	State	71-
		•	5.17	State	Zip
10. SHARES AUTHORIZEI	O ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED (*x*	PROX FOR ATTACHMEN	
AUTHORIZEE) SHARES			ISSUED SHARES	DON FOR ATTACHMEN	17
Number of Shares	Class/Series	Por Volue	Number of Shares	Class/Series	Par Value
240			•	w	s mr varius
300 SHS NO PAR	VAL		none		

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

	44000	
File Date:	WXIMMY	
Check No.:	6368	10.
Ву:	D	
	OF STATE USE ONLY	<del>_</del>

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.

11 Me Cawy & Makey 2-16-99
Signature of Officer Date

MEKAWY ELMEKAWY
Print or Type Name of Officer

Treasurer



- James R. Langevin, Steedary of State Corporations Division

100 North Main Street, Pravidence, 21 02903-1335 401-277-3040



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

-					
FORM MUST BE TYPED IN BL					
. Corporate ID No.	2. Name of Corporat	· ·			
56792 I. Street Address Principal Busines		EWELRY COMPA	NY STATE OF THE ST	State	Zip
1029 Charles S	treet	5. State of Incorporation	North Prov.	RI	6. SIC Code
724-0740 T. Brief Description of the Charact	er of Business Conducted i	RHODE IS	SLAND		1883
To manufacture  B. NAMES AND ADDRE	-		ther lawful purpo ACHMENT)	ose	
President Name			Vice President Name		
Dianne Elmekaw Greet Address	У		none Street Address		
344 Orms Stree	t				
Sity	State	Zip	City	State	Zip
Providence	RI	02908			•
Secretary Name	•••		Treasurer Name  Mekawy Elmeka	24.747	
Dianne Elmekaw Street Address	У		Street Address	ıwy	
344 Orms Stree	t		344 Orms Stre	eet	
City	State	Zip	City	State	Zip
Providence	RI	02908	Providence	RI	02908
9. NAMES AND ADDRE	SSES OF THE DIRI	ECTORS (*x* box for a	NTTACHMENT)		
Director Name			Director Name		•
none			*		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name		.,	Director Name		
Street Address			Street Address		
City	State	Zip	City	State '	Zip
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATI	ACHMENT)	11. SHARES ISSUED (*	X* BOX FOR ATTACHME	NT)
AUTHORIZED SHARES	Class (Sarlas	Par Value	ISSUTED SHARES Number of Shares	Class/Series	Par Value
Number of Shares	Class/Series	Las value	settimber of Shures		
300 SHS NO PAR	R VAL		-'0-		
		,			
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ims report must be sig	neu in tuk by ere	ner the rresident, vi	ce i resident, secretary, masi	Jenie Jeciciary, Ilea	Juici, Neceiver of 1

File Date:	6/15/98	
Check No.:	5942	
Ву:	UD	
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.

Signature of Officer

MEKAWY E. ELMEKAWY

Print or Type Name of Officer

Treasurer

. In see It Langevin Secretary of State Corporations Division 100 North Main Street, Pravidence, 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

#### A & N JEWELRY COMPANY

3. Street Address Principal Business Office

City

State

Zip

, "1029 Charles Street

Providence RI

02904

6. SIC Code

 $401\hbox{-}751\hbox{-}1609$  Rief Description of the Character of Business Conducted in Rhode Island

RHODE ISLAND

1883

To manufacture jewelry; and for any other lawful purpose 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name

Vice President Name

sua Dianne Elmekawy

Street Aggree

City 344 Orms Street

Zip

Zio

Zip

City

State

Zip

security Providence

RI

02908

Treasurer Name

Mekawy Elmekawy

344 Orms Street

Street Address

344 Orms Street

Providence

Street Address Elmekawy

State RI

02908

Providence

RI

02908

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

Director Name

Director Name

Street Address

Street Address

City

City

State

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

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

State

AUTHORIZED SHARES

Number of Shares

Class/Series Par Value

ISSUED SHARES

Number of Shares

Cluss/Series

Par Value

300 SHS NO PAR VAL

-0-

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.

#### PROSIT CORPORATION ANNUAL REPORT

2 NAME OF CORPORATION

1996

PLEASE TYPE OR PRINT IN BLACK INC.



Print or Type Name of Officer

State of Richa : Island and Provideze's Plantalinas James R. Longevin, Secretary of State
Corporations Division

100 North Main Street

Providence, Rhode Island, 02903-1335 + (401) 277-3040

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

1. CORPORATE IO NO.

File Date:

Check No:

For Secretary of State Use O

By:

56792

A & N	JEWELRY COMPANY	•		
		- any	STATE	ZIP COOE
Street		Providence	RI	02904
	5. STATE OF INCORPORATION			"" 6.SIC 000E" .
9	RHODE IS	LAND		186
		<del></del>		<del></del>
are jewelry	; and for any	y other lawful <sub>l</sub>	purpose	
8. HAP	MES AND ADDR	_	FICERS	
cawv		ı		
		STREET ADDRESS		
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RI		(	SIME	20 COOE
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reet				
STATE	ZIP COOE	anv	STATE	ZIP C000£
<u>  RI</u>	02908	Providence	RI	02908
9 N A F	AES AND ADDR		RECTORS	
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		STREET ADORESS	<del></del>	
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<del></del>		DIRECTOR NAME	<del></del>	
		• 		
		STREET ADDRESS		
STATE	ZIP COÓE	inv	STATE	TZIP CODE
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10. SH	ARES AUTHOR	IZED AND ISSUED	<del></del>	<del>~~~~</del> ~~~ ~~
AUTHORIZED SHARES			ISSUED SHARES	<del>,</del>
CLASS/SERIES	PAR VALUE	MUMBER OF SHARES	CLASS / SERIES	PAR VALUE _
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		NED IN INK by either th		·
		NED IN INK by either the tant Secretary, Treasurer,		e
	Street  Street  Street  Street  Street  REMANSS COMOUCTED ON RHOODE IS UTE jewelry  8. N A I  Kawy  reet  STATE  STATE  10. S H	Street  S. STATE OF HOODPORATION  RHODE IS  REMESS CONCUCTED IN RHOOSE ISLAND  Ure jewelry; and for any  8. NAMES AND ADDR  KAWY  Reet  STATE  JUP COOK  RI  02908  STATE  JUP COOK  RI  02908  STATE  JUP COOK  RI  02908  STATE  JUP COOK  RI  JUP COOK  RI  JUP COOK  AUTHORIZED SHARES  CASS/SERES  PARVALUE  PARVALUE	Street  S. STATE OF MODR/PORATION  RHODE ISLAND  REPOSS CONDUCTED HIRHOOGE SLAND  REPOSS CONDUCTED HIRHOOGE SLAND  REPOSS AND ADDRESSES OF THE OF MICE PRESOBITINAME  ROOPE  RI 02908  REASURER NAME  RI 02908  REASURER NAME  RI 02908  RI O2908  RI ORECTOR NAME  STREET ADORESS  STATE  DEPCOOF  DEPCTOR NAME  AUTHORIZED SHARES  AUTHORIZED SHARES  RANNER OF SHARES  NAMERO OF SHARES	Street Providence RI  Street Providence RI  STATE OF MODREPORATION  9 RHODE ISLAND  USERASS COMOUTED WIRHOOK SLAND  B. NAMES AND ADDRESSES OF THE OFFICERS  WAS PRESCRIPTIONES  TREASURER MANE  STREET ADDRESS  STATE  DP COOK  STATE  STATE  DP COOK  STATE  DP COOK  STATE  STATE  DP COOK  STATE  STATE  DP COOK  STATE  STATE  STATE  DP COOK  STATE  STATE  DP COOK  STATE  STATE  STATE  DP COOK  STATE  STATE  STATE  STATE  DP COOK  STATE  ST

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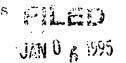
State of Recold Stand and Providence Plantations

Office of The Secretary of State

100 North Main Street

Providence, Rhode Island 02903-1335

401-277-3040



ANNUAL REPV

Please Type of I

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:	/92	A	nnual Report for the	year:		
Phone: () Address and telephone of the prilisland (Provide street address - : 555 Charles Str Providence, RI	the laws of the State of: Rhod elephone number of principal officing incipal office of business entity in Not P.O. Box):	e Island	[ ] Professional S  Brief statement of the Tommanufacture of the statement	check one): oration (See RIGL Chapter ervice Corporation (See RI the character of business cor ture_jewelry; ul_purpose	GL Chapter 1  nducted in Rh and fo	node Island: r_any
Phone: (401) 751-1	.609					
	THE	NAMES OF THE	E OFFICERS ARE:			
PRESIDENT		STREET ADDRE	SS	CITY/STATE		ZIP CODE
Dianne Elmekawy	344	Orms Stree		Providence,	RI	02908 ZP CODE
None						***************************************
SECRETARY	2.4.4	STREET ADDRE		Providence,	та	2:P CODE 0 2 9 0 8
Dianne Elmekawy		Orms Stree		CITY/STATE	~	ZiP CODE
Mekawy Elmekawy	344	Orms Stree		Providence,	RI	02908
<u> </u>			DIRECTORS ARE			· ·
NAME		STREET ADDRE		CITY/STATE		ZIP CODE
None						
SAME		STREET ADDRE	SS	CITY/STATE		ZIP CODE
SAME.		STREET ADORI	ess —	CITY/STATE		AIS CODE
NUMBER OF SHARES AUTHO	RIZED (Rider may be attached)		NUMBER OF SHARES	ISSUED AND OUTSTANDIN	NG (Rider may	/ be attached)
Number of Shares	Class / Series	Ţ	Number of Shares	Class / Series		
300	Common	į	-0 <b>-</b>			
Date 1-4	, 19 <u><b>9</b>5</u>	By: Me	ekawy E. Elm Ename of officer signing	nekawy	<u> </u>	
1.000.01. 1120	#1.#1/1# / 1 h 1 . / 20 h 1 h 2 h 2 h 2 h 2 h 2 h 2 h 2 h 2 h 2			rlasurev		
	DESIGNATED REC	INTERRED ACT	NI KIIR SERVICE	CIE PROCESS.		

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

DIANE ELMEKAWY 555 CHARLES STREET PROVIDENCE RI 02904 Filing Fee \$50.00 Payable to: Secretary of State

#### DUDASE TYPE or PRINT

State of Rhode Island and Providence Plantations Office of The Secretary of State Fite Annually LLC: Sept. 1 Nov. ! CORP: Jan. 1 March i

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID:56792	Annual Report for the year: 1994
Name of Business Entity: A & N J	EWELRY COMPANY
Business entity organized under the laws of the State of Rhode Federal Taxpayer Identification Number: For foreign entity, address and telephone number of principal office	X   Business Corporation (See RIGL Chapter 7-1.1)   Professional Service Corporation (See RIGL Chapter 7-5.1)   Limited Liability Company (See RIGL 7-16)   Name, title and mailing address of contact person to whom communications may be directed:   Mekawy Elmekawy, President   344 Orms Street
Phone: ( )  Address and telephone of the principal office of business entity in Rice Island (Provide street address - Not P.O. Box).  555 Charles Street	Brief statement of the character of business conducted in Rhode Island:  To manufacture jewclry; and for any
Providence, RI 02904	other lawful purpose
Phone: ( 401 751-1609	Date of Organization: July 24, 1989  Date of Qualification to do business in Rhode Island (if foreign entity):
☐ CHIEF EXECUTIVE OFFICER OR ■ ■ PRESIDENT (Chick (Fiv))	MES OF THE OFFICERS ARE:  SIREET ADDRESS 44 Orms Street, Providence, RI 02908
CHEEFOMERATING OFFICER OR   VICE PRESIDENT (DUG DO)	STREET ADDRESS CITYOTATE ZIPCORE
Mekawy Elmekawy 3	A44 Orms Street, Providence, RI 02908  STREET ADDRESS CHISTATE 02908  ATREET ADDRESS CHISTATE 02908  FS OF THE DIRECTORS ARE:
NAME.	STALET ADDRESS CITY STATE 202 CODE
NAME	STREET ADDRESS CITY/STATE ZIP COME
NAME	STREET ADURESS CITYSTATE ZIP CODE
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 300	NUMBER
CLASS Common	CLASS
SERIES	SERIES
PAR VALUE OR Without Par Value WITHOUT PAR	PAR VALUE OR WITHOUT PAR
Date February 19 94	By I M. Whale
	Mekawy Elmekawy PRINCORTYPE NAME OF OPPICER SIGNING
	Treasurer  TITLE OF OFFICER SIGNING
Ferm 31 1:594	

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

FILED APR 2 6 1994 BYNE59121163

## State of Khode Island and Frobidence Plantations Corporations division 100 North main street PROVIDENCE, RHODE ISLAND 02903

Corporate ID 56792	2	Annual Repor	rt for the year	1993
FIRST: The name o	f the corporation isA	& N JEWELRY COMPAI	ЙĀ	
SECOND: It is incor	porated under the laws of	Rhode Island		
THIRD: Character of	f business, briefly stated, i	s To manufacture	jewelry; a	nd for
any other l	awful purpose		••••••	
•	•	s principal office		
		555 Charles Str		
		Providence, RI	02904	
SIXTH: Names and a	addresses of its directors a		(A noluding number, street,	Attach rider if necessary) zip code)
	Director		•••••	•••••••••••••••••••••••••••••••••••••••
	Director		······································	
	Director			
Dianne Elmekawy	President	344 Orms Street	. Providenc	ce, RI 02908
	Vice Presi	ident	••••••	
Dianne Elmekawy	Secretary	344 Orms Street	. Providenc	ce, RI 02908
Mekawy Elmekawy	Treasurer	344 Orms Street	, Providenc	ce, RI 02908
SEVENTH: Number of	of Shares authorized:		or	Par Value statement that
No. of Shares	Class	Series		res are without par value
300	common	FILED	No par	value
EIGHTH: Number of	Shares issued:	APR 2 6 1994	. <b>2</b> or	Par Value statement that
No. of Shares	Class	By My Sens	sha	res are without par value
Dated December 2	<u> 1993</u> .	A & N JEWELRY CO	OMPANY	eak a
(Report must be sig	ned by an officer)	Title T	reasurer	

## Jar State of Rhode Island and Providence Flandations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

	92	Annual Report for	
FIRST: The nam	ne of the corporation is A & N	JEWELRY COMPANY	
SECOND: It is in	corporated under the laws of	Rhode Island	
	er of business, briefly stated, is.		
any other lawf	ul nurnose		
FOURTH: If fore	ign corporation, address of its p	rincipal office	
FIFTH: Business	address in Rhode Island	555 Charles Stree	et
		Providence, RI (	02904
	nd addresses of its directors and	officers:	(Attach rider if necessary)
Name	Office	Address (including	number, street, zip code)
	Director		······································
	Director		
	Director		
Dianne Elmekaw	YPresident		Providence, RI 02908
	Vice Preside	nt	
Dianne Elmekawy	Y Secretary		Providence, RI 02908
	/Treasurer		Providence, RI 02908
Seventh: Number	er of Shares authorized:	4	
No. of Shares		au	Par Value or statement that shares are without
	Class	Series	par value
300	common	<b>\^</b> \$\$60.13,5033	No par value
Еібнтн: Number	of Shares issued:	SHOY OF STATE	
Esonin. Number	of Shares issued:		Par Value or statement that
No of Shares	Class	Series	shares are without par value
Dated Novem	ber 30 19 92	A & N JEWELRY COMI	PANY
	Ву	melen elm	ela
(Report must be	signed by an officer) Ti	tle Treasurer	

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

# State of Rhode Island and Fronidence Finitations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 56792	) 	Annual Report for the year 1991
		N JEWELRY COMPANY
SECOND: It is in	corporated under the laws of	Rhode Island
Third: Characte	er of business, briefly stated, is	To manufacture jewelry; and for
any other lawf	ul nurnose	•
FOURTH: If foreign		principal office
FIFTH: Business a	address in Rhode Island	555 Charles Street
		Providence, RI 02904
SIXTH: Names an	ed addresses of its directors and	
	Director	
	Director	
	Director	
Dianne Elmekawy	President	344 Orms Street, Providence, RI 0290
	Vice Preside	ent
Dianne Elmekawy	Secretary	344 Orms Street, Providence, RI 0290
Mekawy Elmekawy		344 Orms Street, Providence, RI 0290
Seventh: Numbe	r of Shares authorized:	
No. of Shares	Class	Par Value or statement that shares are without par value
300	common	No par value
Еібнтн: Number (	of Shares issued:	Par Value
No. of Shares	Class	SECTOF STATE or statement that shares are without par value
DatedNovember	(1)	& N'JEWELRY COMPANY  Same of Corporation)
	Ву	mekan E. Elmekan
(Report must be s		tle Treasurer

## State of Rhode Island und Etovidence Plantations Corporations division 100 North Main Street PROVIDENCE, RHODE ISLAND 02903

Corporate ID: 56792		Annual Report for the	he year 1990
FIRST: The name		JEWELRY COMPANY	
SECOND: It is inco		Rhode Island	
		To manufacture jev	
		rincipal office	
FIFTH: Business ad	ldress in Rhode Island	555 Charles Street	
		Providence, RI 02	
	l addresses of its directors and	officers:	(Attach rider if necessary) umber, street, zp code)
	Director		
····	Director		••••••
	Director		
Dianne Elmekawy	President		rovidence, RI 02908
	Vice Preside	nt	••••
Dianne Elmekawy	Secretary		rovidence, RI 02908
Mekawy Elmekawy	Treasurer	344 Orms Street, P	rovidence, RI 02908
	of Shares authorized:		Par Value
No. of Shares	Class	a Veries	or statement that shares are without
300	common	30	par value O par value
Eighth: Number o	f Shares issued:	Commence and the second	Par Value
No. of Shares	Class	Series	or statement that shares are without par value
Dated November		A. & N. JEWELRY COMPANY  lame of Corporation)	<u> </u>
	Ву	mekany E. E	Imekan.
(Report must be si		tle Treasurer	C)