



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

Corporations Division  
148 W. River St.  
Providence, RI 02904-2615  
401 222 3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 16714		2. Name of Corporation NICOLE, INC	
3. Street Address Principal Business Office 131 CLAY STREET		City CENTRAL FALLS	State R.I.
4. Business Phone No.		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island JEWELRY MANUFACTURING			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name DOMENIC M. NICOLELLA		Vice President Name	
Street Address 159 PHEASANT DRIVE		Street Address	
City CRANSTON	State R.I.	City	State
Zip 02920	City	State	Zip
Secretary Name		Treasurer Name DOMENIC M. NICOLELLA	
Street Address		Street Address 159 PHEASANT DRIVE	
City	State	City	State
Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS		Director Name	
Director Name NONE		Street Address	
City	State	City	State
Zip	City	State	Zip
Director Name		Street Address	
City	State	City	State
Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
Number of Shares	Class/Series	Number of Shares	Class/Series
600 NO PAR VALUE		600	
Par Value	Par Value		NO PAR VALUE

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This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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.

Signature: Domenic M Nicolella Date: 9/4/07  
Print or Type Name: DOMENIC M. NICOLELLA  
Title: PRESIDENT

**FILED** ✓  
File Date: SEP 04 2007  
Check No.: BBY 035898 3:45  
By: \_\_\_\_\_  
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