



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 2008

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. <u>16714</u>		2. Name of Corporation <u>NICOLE INC.</u>			
3. Street Address Principal Business Office <u>131 CLAY STREET</u>			City <u>CENTRAL FALLS</u>	State <u>RI</u>	Zip <u>02863</u>
4. Business Phone No.		5. State of Incorporation <u>RHODE ISLAND</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island <u>JEWELRY MANUFACTURING</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>DOMENIC M NICOLELLA</u>			Vice President Name		
Street Address <u>159 PHEASANT DRIVE</u>			Street Address		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City	State	Zip
Secretary Name			Treasurer Name <u>DOMENIC M NICOLELLA</u>		
Street Address			Street Address <u>159 PHEASANT DRIVE</u>		
City	State	Zip	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>NONE</u>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares <u>600</u>	Class/Series <u>NO PAR</u>	Par Value <u>VALUE</u>	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares <u>600</u>	Class/Series <u>NO PAR</u>	Par Value <u>VALUE</u>

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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.

Domenuc M Nicolella 3/11/08
Signature Date
DOMENIC M NICOLELLA
Print or Type Name
PRESIDENT
Title

File Date **FILED**
Check No. MAR 12 2008
By: DS19350
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