



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 93001		2. Exact name of the Corporation NARRAGANSETT CREATIONS, LTD.			
3. Principal office address 100 Dupont Drive			City Providence	State RI	Zip 02907
4. Business Phone No. 401-944-2200		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Jewelry manufacturing					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert J. Sirhal			Vice-President Name Gary B. Jacobsen		
Street Address 100 Dupont Drive			Street Address 100 Dupont Drive		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Robert Sirhal			Treasurer Name William P. Considine, Jr.		
Street Address see above			Street Address 45 Sharpe Drive		
City	State	Zip	City Cranston	State RI	Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Gary B. Jacobsen			Director Name William P. Considine, Jr.		
Street Address see above			Street Address see above		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			270	common	no par value

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 CORPORATIONS DIVISION

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.

File Date _____

Check No _____

By: _____

FILED
 JAN 29 2013
 188725

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.

Gary B. Jacobsen Vice President
 Signature of Authorized Representative Date 1-25-13

FOR SECRETARY OF STATE USE ONLY BY _____

Gary B. Jacobsen
 Print or Type Name of Authorized Representative