

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # F97000004109

1. Entity Name
SWAROVSKI RETAIL VENTURES LTD., INC.



Principal Place of Business
**ONE KENNEY DR
CRANSTON, RI 02920**

Mailing Address
**ONE KENNEY DR
ATTN: MICHELLE MASSE
CRANSTON, RI 02920**



01022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0466595

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CAPOBIANCO, EDWARD J
ONE KENNEY DR
CRANSTON, RI 02920**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EV
BROWN, DOUGLAS
ONE KENNEY DR
CRANSTON, RI 02920**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EV
COEN, KEVIN J
ONE KENNEY DR
CRANSTON, RI 02920**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EV
HIMSEY, DAVE
ONE KENNEY DR
CRANSTON, RI 02920**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EV
MACKINGER, REINHARD
ONE KENNEY DR
CRANSTON, RI 02920**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
MASSE, MICHELLE G
ONE KENNEY DR
CRANSTON, RI 02920**

U00000775170
01/08/08-80018-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michelle G. Masse
Michelle G. Masse

4 Jan 08
4 Jan 08

Date

4014632542
4014632542

Daytime Phone #