

Matthew A. Brown, Secretary of Sta Corporations Divisio 148 W. River 5 Providence, RI 02904-261 401.222.304

OFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

ling Period: January 1 - March 1 • Filing Fee: \$50.00*

| I. Согрогаte ID No. - 41675 | | 2. Name of Corporation B. SIGN GRAPHICS, INC. | | | | |
|------------------------------------------------------------|-------------------------|-----------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--|
| Street Address Principal Business Office 27 Libera Street | | | Cranston | State RI | Ζίρ 02920 | |
| 4. Business Phone No. 5. State of Incorporal RHODE ISLA | | | | | | |
| S. Brief Description of the Cha Printing of signs, etc. | | | | | | |
| 7. NAMES AND ADDRI | ESSES OF THE OFFIC | ERS: ("X" BOX FOR A | ATTACHMENT) [FILL IN S | SPACES BEFORE USING | ATTACHMENTS | |
| President Name | | | Vice President Name Peter J. Carpentier | | | |
| Peter J. Carpentier | | | | | | |
| Street Address 27 Libera Street | | | Street Address 27 Libera Street | | | |
| City Cranston | State RI | ^{Ζίρ} 02920 | Cranston | RI | 02920 | |
| Secretary Name Peter J. Carpentier | | | Treasurer Name Peter J. Carpentier | | | |
| Street Address 27 Libera Street | | | Street Address 27 Libera Street | | | |
| City Cranston | State RI | ^{Zip} 02920 | Ciny Cranston | RI | 02920 | |
| 8. NAMES AND ADDRI | ESSES OF THE DIRE | CTORS: ("X" BOX FOR | R ATTACHMENT) 🗍 FILL II | N SPACES BEFORE USING | G ATTACHMENTS | |
| Director Name | | | Director Name | | | |
| Peter J. Carpentier | | <u></u> | None | | | |
| Street Address | | | Street Address | | | |
| 27 Libera Street | | | : - can | State | Zip | |
| City | State R1 | 02920 | City | , and the second | | |
| Cranston | Jrvi | | Director Name | | | |
| Director Name None | | | None | | | |
| Street Address | <u> </u> | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) | | | |
| AUTHORIZED SHARES | | the Pubus | SSUED SHARES Number of Shares | Class/Series | Par Value | |
| Number of Shares Class/Series Par Value | | | 100 | Common | No Par Value | |
| 1,000 Common No | Par value | | | | | |
| This report must be ex | ecuted on behalf of the | ne corporation by an aut | horized representative. If the | corporation is in the hand | Is of a receiver or trust | |
| this report must be exe | ecuted on behalf of th | e corporation by the rec | eiver or trustee. | | | |
| | | | | | | |
| | | | Under penalty of | perjury, I declare and affirm | that I have examined this | |
| | II ED | | including orly ac | companying schedules and st | atements, and that all sta | |
| | ILLU | | contained herein | are true and correct. | الاو | |
| | 09 2011 | 1 | -7/16 | -0170 | .77/// | |

By:FOR SECRETARY OF STATE USE ONLY

| Under penalty of perjury, I declare and affirm including by accompanying schedules and s | n that I have examined this repo- statements, and that all statemen |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| contract herein are true and correct. | 3/1/11 |
| Signature | Date |
| Peter J. Carpentier | |
| Print or Type Name | |
| President | |
| Title | - COO D 12/05 |

Form 630 Rev. 12/05