State of Rhode Island and Providence Plantations Fee: \$5 Office of the Secretary of State			
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040			
Limited Liability Company Annual Report Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2014			
<b>1. ID No.</b> <u>000789641</u>			
2. Exact Name of the Limited Liability Company Keystone Novelties Distributors, LLC			
3. State of Formation			
State: PA			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island <u>TEMPORARY SALES OF STATE APPROVED JULY 4TH NOVELTY ITEMS</u>			
5. Principal Office Address			
No. and Street: <u>201 SEYMOUR STREET</u>			
City or Town: <u>LAN</u>	CASTER State	e: <u>PA</u> Zip: <u>17603</u> C	ountry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   Contact Name: JACK MAY Contact Title: MANAGING DIRECTOR   No. and Street: 201 SEYMOUR STREET   City or Town: LANCASTER State: PA   Zip: 17603 Country: USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, 5	Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11			
CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888			
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).			

**Signed this 27 Day of August, 2014 at 4:34:28 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By JOHN F. MAY Signature of Authorized Person

Form No. 632 Revised 09/07

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