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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

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.	2. Name of Corporation			
000105888	LSI Retail Graphics Inc.			
3. Street Address Principal Business Office		City	State	Zip
10000 Alliance Road P.O. Box 42728		Cincinnati	Ohio	45242
4. Business Phone No.	5. State of Incorporation			
(513) 984-3093	Ohio			

6. Brief Description of the Character of Business Conducted in Rhode Island
MANUFACTURER OF SIGNS AND GRAPHICS PRODUCTS

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Jeffrey P. Stearns	James P. Sferra
Street Address: 10000 Alliance Road P.O. Box 42728	Street Address: 10000 Alliance Road P.O. Box 42728
City: Cincinnati, State: Ohio, Zip: 45242	City: Cincinnati, State: Ohio, Zip: 45242
Secretary Name: Ronald S. Stowell	Treasurer Name: Ronald S. Stowell
Street Address: 10000 Alliance Road P.O. Box 42728	Street Address: 10000 Alliance Road P.O. Box 42728
City: Cincinnati, State: Ohio, Zip: 45242	City: Cincinnati, State: Ohio, Zip: 45242

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Ronald S. Stowell	Robert J. Ready
Street Address: 10000 Alliance Road P.O. Box 42728	Street Address: 10000 Alliance Road P.O. Box 42728
City: Cincinnati, State: Ohio, Zip: 45242	City: Cincinnati, State: Ohio, Zip: 45242
Director Name: James P. Sferra	Director Name:
Street Address: 10000 Alliance Road P.O. Box 42728	Street Address:
City: Cincinnati, State: Ohio, Zip: 45242	City: , State: , Zip:

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
850	Common	None	100	Common	None

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.

[redacted] [redacted]

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.

Ronald S. Stowell 8/23/07
Signature *Date*

Ronald S. Stowell
Print or Type Name

Secretary and Treasurer
Title

[redacted]

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