RI SOS Filing Number: 200806707710 Date: 01/25/2008 4:00 PM

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 2008

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			
158030	Creative Capital Inc			
3. Street Address Principal Business Office		City	State	Zip
1200 Tices Lane Suite 102		East Brunswick	NJ	08816
4. Business Phone No.	5. State of Incorporation			
800-327-9224	New York			

6. Brief Description of the Character of Business Conducted in Rhode Island

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

President Name	Street Address	City	State	Zip
Jeffry Borow	470 Mamaroneck Ave Suite 400	White Plains	NY	10605
Secretary Name	Street Address	City	State	Zip
Dennis Waldman	1200 Tices Lane Suite 102	East Brunswick	NJ	08816

Vice President Name	Street Address	City	State	Zip
Martin Jacobson	1200 Tices Lane Suite 102	East Brunswick	NJ	08816
Treasurer Name + Vice President	Street Address	City	State	Zip
Dennis Waldman	1200 Tices Lane Suite 102	East Brunswick	NJ	08816

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

Director Name	Street Address	City	State	Zip
Jeffry Borow	470 Mamaroneck Ave Suite 400	White Plains	NY	10605
Director Name	Street Address	City	State	Zip
Dennis Waldman	1200 Tices Lane Suite 102	East Brunswick	NJ	08816

Director Name	Street Address	City	State	Zip
Martin Jacobson	1200 Tices Lane Suite 102	East Brunswick	NJ	08816
Director Name	Street Address	City	State	Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
200	No Par Value	

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
3	A	NO PAR
	THIS SECTION MUST BE COMPLETED	

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.

Dennis Waldman — 1/16/08
Signature *Date*

Dennis Waldman
Print or Type Name

Vice President, Treasurer & Secretary
Title

[redacted]

FILED
File Date JAN 25 2008
Check No.
By: DS 28055
FOR SECRETARY OF STATE USE ONLY
19117-27-222332

Form 630 Rev. 12/06