



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. 115023		2. Name of Corporation Dasko Identification Products, Inc.	
3. Street Address Principal Business Office 120 Wayland Avenue, Suite 5		City Providence	State R.I.
4. Business Phone No. (401) 272-6300		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island FOR THE SALE, MAINTENANCE, REPAIR AND MANUFACTURE OF IDENTIFICATION PRODUCTS			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Paul R. Movsesian		Vice President Name Paul R. Movsesian	
Street Address 5 Elton Road		Street Address 5 Elton Road	
City Barrington	State R.I.	City Barrington	State R.I.
Secretary Name Paul R. Movsesian		Treasurer Name Paul R. Movsesian	
Street Address 5 Elton Road		Street Address 5 Elton Road	
City Barrington	State R.I.	City Barrington	State R.I.
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name NONE		Director Name	
Street Address		Street Address	
City	State	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
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
8,000 COMMON NO PAR VALUE			100 SHS
			COMMON
			NO PAR

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.

FILED

File Date
FEB 29 2008

Check No.
DS 344

By
[Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature
[Signature]

Date

PAUL R. MOVSESIAN

Print or Type Name

President

Title