

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

Form 630 Rev. 08/08

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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(e&d)) is

| subject to a penalty fee of \$25.00. | | | | | | |
|--|---|--------------------------------|---|---------------------|-------------------------|--|
| 1. Corporate ID No. 34937 | 2. Name of Corporation Imaging Corporation of America, Inc. | | | | | |
| 3. Street Address Principal Business Office 20 Industrial Drive | | | Smithfield | State RI | ^{2ір} 02917 | |
| 4. Business Phone No. 5. State of Incorporation Rhode Island | | | | | | |
| 6 Brief Description of the Character of TO DEAL IN ANY MACHINE | f Business Conducted in Rf RY OR OTHER ITE | ode Island MS OF A PHOTOCHE | EMICAL NATURE | | | |
| 7. NAMES AND ADDRESSES President Name | OF THE OFFICERS: | ("X" BOX FOR ATTA | CHMENT) [] FILL IN SPACE : Vice President Name | S BEFORE USING ATTA | ACHMENTS | |
| Hugh C. Neville | | | N/A | | | |
| Street Address 69 Lamson Road | | | Street Address | | | |
| City Barrington | State RI | ^{Zip} 02806 | City | State | Zip | |
| Secretary Name Douglas A. Giron | | | Treasurer Name Deloris A. Griffee | | | |
| Street Address 1080 Main Street | | | Street Address 188 Progress Avenue | | | |
| City Pawtucket | State RI | ^{Zip} 02860 | Gity Providence | State RI | ^{2ip} 02909 | |
| 8. NAMES AND ADDRESSES | OF THE DIRECTORS | : ("X" BOX FOR ATT | , | ES BEFORE USING AT | TACHMENTS | |
| Director Name Hugh C. Neville | | | Director Name Hugh C. Neville, II | | | |
| Street Address | | | Street Address | | | |
| 69 Lamson Road | | | 16 Juniper Street | | | |
| City Barrington | State RI | <i>Ζίρ</i> 02806 | City Barrington | State RI | ^{Zip} 02806 | |
| Director Name | | | Director Name | | [02000 | |
| Deloris A. Griffee | | | | | | |
| Street Address 188 Progress Avenue | | | Street Address | | | |
| City Providence | State RI | <i>Zip</i> 02909 | City | State | Ζψ | |
| 9. SHARES AUTHORIZED | • | ' | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) | | | |
| | | | Number of Shares | Class/Series | Par Value | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | | | | No Par Value | |
| | | | 100 | Common | No Par Value | |
| | | | | | | |
| 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.

| | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements |
|---------------------------------|---|
| File Date FILED | contained herein are true and correct. |
| Check No. JAN 1 4 2009 | Signature Date Hugh C. Neville |
| By: By 2065/ | Print of Type Name President |
| FOR SECRETARY OF STATE USE ONLY | Title |