

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division T i8 W. River Street Providence, RI 02901-2615 401-222-3040

subject to a penalty fee of \$25.00.	1	· · · · · · · · · · · · · · · · · · ·				
Garporate ID No 98385	VIV, Inc.	2. Name of Corporation VIV, Inc.				
3 Street Address Principal Business Office 157 Joseph Court			City Warwick	State RI	2ip 02886	
1 Business Phone No. 5. State of Incorporation RHODE ISLAND						
Brief Description of the Charactereate, design, paint, illus		ted in Rhode Island ot, mold, write, sew, colorize,	and publish art work or	artistic creation of any k	ind .	
. NAMES AND ADDRESS	ES OF THE OFFIC	CERS: ("X" BOX FOR ATTA	CHMENT) [ FILL IN	SPACES BEFORE USING	ATTACIIMENTS	
resident Name			Vice President Name			
Vivian Eisner			Vivian Eisner			
Sired Address 157 Joseph Court			157 Jöseph Court			
୍ଧାନ Warwick	State RI	<sup>Zip</sup> 02886	<i>cit</i> g· <b>Warwick</b>	State RI	2φ <b>02886</b>	
Secretary Name Vivian Eisner			Treasurer Name Vivian Eisner			
Nircet Address 157 Joseph Court			Nreet Address 157 Joseph Court			
Warwick	State RI	<sup>Zip</sup> 02886	City Warwick	State RI	02886	
	ES OF THE DIREC	CTORS: ("X" BOX FOR ATT		N SPACES BEFORE USIN	G ATTACHMENTS	
<sup>Ourector Name</sup> Vivian Eisner			Director Name			
Viviali Listiei			Street Address			
157 Joseph Court						
$u_1$	State	Zip	Сиу	State	Zifi	
Warwick	RI	02886			l	
Director Name			Director Name			
Mreet Address			Street Address			
GI(r	State	Zip	CHy:	State	Zifi	
	-					
), SHARES AUTHORIZED	I			· ("X" BOX FOR ATTAC CLION <u>MUST</u> BE COMPLETED	_	
			Number of Shares	Class/Series	Par Volue	
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.			100	Common	No par value	
This report must be execut	ted on behalf of th	ne corporation by an authorize	ed representative. If the o	corporation is in the hand	Is of a receiver or trus	
his report must be execute	ed on behalf of the	corporation by the receiver	or trustee.			
			Under penalty of	perjury, I declare and affirm	that I have examined this	
	- 0	<del></del>		ompanying schedules and starte true and correct.	atements, and that all st	
File Date 3~_	5-09		1)	F	3/2/09	
File Date			Signature	. Cam	Date	
Check No	///		Vivian Eisne	ar ar		
	mmn		Print or Type Nam			
By:	IVIU	<u>_</u>	i can or especial	t .		

President

Title