

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 2010

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 white to a tend to fine \$50.5.00.

subject to a penalty fee of \$25	.00.				
1. Corporate ID No. 113540	J	eration ESIGN, INC.			7.
3. Street Address Principal Business Office 369 South Main Street			Providence	State RI	02903
4. Business Phone No. 5. State of Incorporation Rhode Island					
		cted in Rhode Island and kinds of graphic RT design			
7. NAMES AND ADDR	ESSES OF THE OFFI	CERS: ("X" BOX FOR ATTA		SPACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name Scott Clark		
Robert Lukens			•		
Street Address 392 Benefit Street			Street Address 150 Major Potter Road		
City Providence	State RI	<sup>Zip</sup> <b>02903</b>	Warwick	State RI	<sup>Zip</sup> 02886
Secretary Name Robert Lukens			Treasurer Name Scott Clark		
Street Address 392 Benefit Street			Street Address 150 Major Potter Road		
City: Providence	State RI	<sup>гір</sup> <b>02903</b>	City Warwick	State RI	<sup>Zip</sup> <b>02886</b>
8. NAMES AND ADDE	RESSES OF THE DIRI	ECTORS: ("X" BOX FOR AT	TACHMENT) [ FILL	IN SPACES BEFORE USIN	IG ATTACHMENTS
Director Name			Director Name		
Robert Lukens			Scott Clark  Street Address		
Street Address			150 Major Potter Road		
392 Benefit Street	State	Zip	: City	State	Zip
Providence	RI	02903	Warwick	RI	02886
Director Name			Director Name		, <i>6</i>
Street Address			Street Address		
City	State	Zıp	City	State	Zip
9. SHARES AUTHORI	IZED	1	: 10. SHARES ISSUE	D ("X" BOX FOR ATTAC	CHMENT)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ISSUED SHARES — THIS	SECTION MUST BE COMPLETE	D
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of			1,000	Common	None
instruction sheet.					
					1 6
This report must be e	xecuted on behalf of	the corporation by an authori	zed representative. If the	e corporation is in the han	ds of a receiver or trustee.
this report must be ex	recuted on behalf of t	he corporation by the receive	er or trustee.		
			I T., J.,	-fiver I dealers and office	n that I have examined this repo
			including any a	scompanying schedules and s	statements, and that all statemen
1	0 -0/			n are true and correct.	1 1
File Date	-8-2010		/WM	en -	7/1/10
	0055		Signature	· · · · · · · · · · · · · · · · · · ·	Date
Check No.	7000		Scott Cla	ark	
Bv:	mno	2.ノー	Print or Type No		
			Vice Pre	esident	
FOR SECRETA	RY OF STATE USE ONLY		Title		