



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 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 subject to a penalty fee of \$25.00.

|  |             |   |   |                        |                           |
|--|-------------|---|---|------------------------|---------------------------|
| 1. Corporate ID No.<br>126185  |             | 2. Name of Corporation<br>TapeOne, Inc.   |   |                        |                           |
| 3. Street Address Principal Business Office<br>6 SOWAMS ROAD   |             |   | City<br>BARRINGTON  | State<br>RI            | Zip<br>02806              |
| 4. Business Phone No.<br>4018516920  |             | 5. State of Incorporation<br>RHODE ISLAND |   |                        |                           |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>To operate a business which contracts to manufacture, distribute, sell and resell pressure-sensitive tapes. |             |   |   |                        |                           |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |             |   |   |                        |                           |
| President Name<br>WILLIAM P. CONNORS   |             |   | Vice President Name   |                        |                           |
| Street Address<br>6 SOWAMS ROAD  |             |   | Street Address  |                        |                           |
| City<br>BARRINGTON   | State<br>RI | Zip<br>02806                              | City  | State                  | Zip                       |
| Secretary Name<br>WILLIAM P. CONNORS   |             |   | Treasurer Name<br>WILLIAM P. CONNORS                                |                        |                           |
| Street Address<br>6 SOWAMS ROAD  |             |   | Street Address<br>6 SOWAMS ROAD                                     |                        |                           |
| City<br>BARRINGTON   | State<br>RI | Zip<br>02806                              | City<br>BARRINGTON  | State<br>RI            | Zip<br>02806              |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS   |             |   |   |                        |                           |
| Director Name  |             |   | Director Name   |                        |                           |
| Street Address   |             |   | Street Address  |                        |                           |
| City   | State       | Zip                                       | City  | State                  | Zip                       |
| Director Name  |             |   | Director Name   |                        |                           |
| Street Address   |             |   | Street Address  |                        |                           |
| City   | State       | Zip                                       | City  | State                  | Zip                       |
| 9. SHARES AUTHORIZED   |             |   | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                        |                           |
| 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.                                 |             |   | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |                        |                           |
|  |             |   | Number of Shares<br>100   | Class/Series<br>COMMON | Par Value<br>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.

File Date **FILED**  
Check No. **MAR 23 2010**  
By: 1291  
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 William P Connors Date 2/26/10  
WILLIAM P. CONNORS  
Print or Type Name  
PRESIDENT  
Title