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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 2011

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.	2. Name of Corporation		
22077	GTS FLEXIBLE MATERIALS, INC.		
3. Street Address Principal Business Office	City	State	Zip
99 BROWNLEE BLVD.	WARWICK	RI	02886
4. Business Phone No.	5. State of Incorporation		
401-732-5033	RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island
DISTRIBUTION, MARKETING AND SALE OF DOMESTIC AND IMPORTED LAMINATED MATERIALS & RELATED ITEMS

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
DR. GRAHAM FARMER	
Street Address: 99 BROWNLEE BLVD.	Street Address
City: WARWICK / State: RI / Zip: 02886	City / State / Zip
Secretary Name	Treasurer Name: BRIAN O'LEARY
Street Address	Street Address: 99 BROWNLEE BLVD.
City / State / Zip	City: WARWICK / State: RI / Zip: 02886

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
DR. GRAHAM FARMER	BRIAN O'LEARY
Street Address: 99 BROWNLEE BLVD.	Street Address: 99 BROWNLEE BLVD.
City: WARWICK / State: RI / Zip: 02886	City: WARWICK / State: RI / Zip: 02886
Director Name: PHIL JELL	Director Name
Street Address: 99 BROWNLEE BLVD.	Street Address
City: WARWICK / State: RI / Zip: 02886	City / State / Zip

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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*	*Class/Series*	*Par Value*
1,000	COMMON	NO PAR	100	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.

[redacted]

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[redacted]

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.

Graham Farmer — 2nd December 2010
Signature — *Date*

DR. GRAHAM FARMER
Print or Type Name

[redacted] PRESIDENT
Title

Form 630 Rev. 12/06