



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(c&d)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                            |             |                                                 |                     |                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------|---------------------|------------------|
| 1. Corporate ID No.<br>000141629                                                                                                                           |             | 2. Name of Corporation<br>Cardinal Brands, Inc. |                     |                  |
| 3. Street Address Principal Business Office<br>c/o RR Donnelley, 111 South Wacker Dr                                                                       |             | City<br>Chicago                                 | State<br>IL         | Zip<br>60606     |
| 4. Business Phone No.<br>312-326-8000                                                                                                                      |             | 5. State of Incorporation<br>Nevada             |                     |                  |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>distribution of office products                                             |             |                                                 |                     |                  |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |                                                 |                     |                  |
| President Name<br>William Paparella                                                                                                                        |             | Vice President Name                             |                     |                  |
| Street Address<br>111 South Wacker Drive                                                                                                                   |             | Street Address                                  |                     |                  |
| City<br>Chicago                                                                                                                                            | State<br>IL | Zip<br>60606                                    | City                | State            |
| Secretary Name<br>Suzanne S. Bettman                                                                                                                       |             | Treasurer Name<br>Daniel Leib                   |                     |                  |
| Street Address<br>111 South Wacker Drive                                                                                                                   |             | Street Address<br>111 South Wacker Drive        |                     |                  |
| City<br>Chicago                                                                                                                                            | State<br>IL | Zip<br>60606                                    | City<br>Chicago     | State<br>IL      |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |                                                 |                     |                  |
| Director Name<br>William Paparella                                                                                                                         |             | Director Name                                   |                     |                  |
| Street Address<br>111 South Wacker Drive                                                                                                                   |             | Street Address                                  |                     |                  |
| City<br>Chicago                                                                                                                                            | State<br>IL | Zip<br>60606                                    | City                | State            |
| Director Name                                                                                                                                              |             | Director Name                                   |                     |                  |
| Street Address                                                                                                                                             |             | Street Address                                  |                     |                  |
| City                                                                                                                                                       | State       | Zip                                             | City                | State            |
| 9. SHARES AUTHORIZED                                                                                                                                       |             |                                                 |                     |                  |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                                |             |                                                 |                     |                  |
| ISSUED SHARES — THIS SECTION MUST BE COMPLETED                                                                                                             |             |                                                 |                     |                  |
| 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. |             | Number of Shares<br>250000                      | Class/Series<br>cwp | Par Value<br>.10 |

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.

**FILED**

File Date JUN 07 2011

Check No. 145915

By: SV 1:16

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

Maureen Kopp

Print or Type Name

Assistant Secretary

Title

Date

5/23/11