

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2011 OFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Fining 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 fulling 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(cc*d)) is

| subject to a penalty fee of \$25.0 | 90. | · | | • | | |
|--|--|---|---|---|---|--|
| 1. Corporate ID No. 92615 | 2. Name of Con DANCRAF | | | | | |
| 3. Street Address Principal Business Office 122 MANTON AVENUE, SUITE 621 | | | CUy PROVIDENCE | State RI | ^{Zip} 02909 | |
| 4. Business Phone No. 5. State of Incorporation 4012720480 RHODE ISLAND | | | | | | |
| 6. Brief Description of the Char TO DESIGN AND MAN | racter of Business Condu NUFACTURE POIN | cted in Rhode Island IT-OF-SALE ACRYLIC DISF | PLAYS. | | | |
| | | CERS: ("X" BOX FOR ATTA | ACHMENT) [] FILL IN S | PACES BEFORE USING | ATTACHMENTS | |
| DAN A. D'ALESSIO | | | Vice President Name | | | |
| Street Address 122 MANTON AVENUE, SUITE 621 | | | Street Address | | | |
| PROVIDENCE | State RI | ^{Zip} 02909 | City | State | Zip FE ORRE | |
| Secretary Name DAN A. D'ALESSIO | | | Treasurer Name DAN A. D'ALESSIO | | | |
| Street Address 122 MANTON AVENUE, SUITE 621 | | | Street Address 122 MANTON AVENUE, SUITE 621 | | | |
| PROVIDENCE | State RI | ^{Zip} 02909 | City PROVIDENCE | State RI | 7.tip N 02909 0 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| 8. NAMES AND ADDRE | SSES OF THE DIRE | CTORS: ("X" BOX FOR AT | TACHMENT) FILL IN Director Name | SPACES BEFORE USING | G ATTACHATENTS TT | |
| Address | | | | | | |
| Address | | | Street Address | | | |
| Сйу | State | Zip | City | State | Zip | |
| Director Name | | | Director Name | | | |
| Street Address | | | Street Address | | | |
| СНу | State | Zip | CHy | State | Zip | |
| 9. SHARES AUTHORIZE | ED | 1 | 1 | <i>("X" BOX FOR ATTACE</i> TION <u>MUST</u> BE COMPLETED | HMENT) | |
| 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 instruction sheet. | | | 50 | COMMON | NO PAR VALUE | |
| | | | | | | |
| This report must be executive report must be executive. | ruted on behalf of th | ne corporation by an authorized corporation by the receiver | ed representative. If the co | orporation is in the hands | s of a receiver or trustee, | |
| | area on benun of the | FILED | or trustee. | | | |
| | | 1 ILLU | | | | |
| | | FEB 2 4 2012 | including any accor | mpanying schedules and sta | hat I have examined this report tements, and that all statements | |
| File Date | | 4.1112. | contained perein and | All Clav | 7-7-12 | |
| k No. | BY | 164425 | Signature | | Date | |
| | | | DAN A. D'AL Print or Type Name | ESSIO | | |
| By: | TO STATE LIDE OF THE | | PRESIDENT | - | | |
| FOR SECRETARY (| OF STATE USE ONLY | | Title | | | |