

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

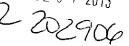
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

2003 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

		This report must be ty LE THIS REPORT BY N			\$25.00 PENA	ALTY FEE.		
1. Entity ID No. 000058690	1	me of the Corporation E ISLAND LABEL	D LABEL WORKS, INC					
3. Principal office address 14 CLYDE STREET	<u> </u>		City WEST WARWIG	 СК	State RI	Zip 02893		
4. Business Phone No. 40 828-6400			5. State of Incorporation RHODE ISLAND					
6. Brief description of the char MANUFACTURER/CO				PRINTE	O MATERIAL			
7. LIST <u>ALL</u> OFFICERS (NAI	MES AND ADDE	RESSES) ("X" BOX FOR A	TTACHMENT)			23 CE		
President Name WILLIAM H COLE			Vice-President Name NONE					
Street Address 14 CLYDE STREET				Street Address				
City WEST WARWICK	State RI	Zip 02893	City State		Zip			
Secretary Name BARBARA R COLE			Treasurer Name BARBARA R. COLE					
Street Address 14 CLYDE STREET			Street Address 14 CLYDE STR	EET		o m		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWIG	CK	State RI	Zip 02893		
8. LIST <u>all</u> directors (N/	AMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)					
Director Name NONE			Director Name NONE					
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 ISSUE	D ("X" BOX	FOR ATTACH	MENT)		
			NUMBER OF SHARES	CLASS/S	ERIES	PAR VALUE		
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.		600	С	OMMON	NONE			
occ occion o or man action t	J. 1004,					:		
This report must be executed		corporation by an authorize st be executed on behalf of	the corporation by the	receiver or t	rustee.			
File Date				ng any acc	ompanying sc	n that I have examined hedules and statemen ≱true and correct.		
Check No			13 17		+11	,		

File Date			
Check No			
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FOR SECRETARY OF ST	TATE USE ONLY/	UL 3 1 2013	}
orm No. 630 evised: 01/2012	02 2	20290	P

Form No. 630 Revised: 01/2012



Signature of Authorized Representative

BARBARA R. COLE, SECRETARY/TREASURER

Print or Type Name of Authorized Representative