

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

2014

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. 2. Name of Corporation Fine Line Graphics, Inc. 64388 3. Street Address Principal Business Office 90 DOUGLAS PIKE, P.O. BOX 17370 State City SMITHFIELD RI 02917 4. Business Phone No 5. State of Incorporation 401-854-8300 RHODE ISLAND 6. Brief Description of the Character of Business Conducted in Rhode Island OPÉRATION OF PHOTOENGRAVING BUSINESS AND MANUFACTURE OF OFFSET PRINTING PLATES; SELL SAME 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name RONALD BEAUREGARD JAMES E. TOLES Street Address Street Address 368 MOURNING DOVE DRIVE 02874 N. KINGSTOWN RI **RONALD BEAUREGARD** JAMÉS E. TOLES Street Address Street Address 368 MOURNING DOVE DRIVE N. KINGSTOWN RI 02874 66224 -eawood 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address State Ζip State City Director Name Street Address Street Address City State Zip City State 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 9. SHARES AUTHORIZED ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Class/Series Par Value This information is currently of record in the Office of the Secretary of NO PAR VALUE State. Changes require an additional filing. See Section 9 of 700 COMMON instruction sheet. Tar train 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. 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. Konald Beaureau File Date Check No. Ronald Beauregard Print or Type Name Vice President/Treasurer FOR SECRETARY OF STATE USE ONLY Title