

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222,3040

| PROFIT CORPOR | | | FOR THE YEAR 2005 | | | |
|-----------------------------------------------------------------|-------------------------------------------------|---------------------------------------|--------------------------------------------|---------------------------|---------------------|----------------|
| iling Period: January 1 - Ma FORM MUST BE TYPED OR PRINT | · · | Fee: \$50.00 | | | | |
| . Corporate ID No. | 2. Name of Corporation | · · · · · · · · · · · · · · · · · · · | | | | |
| 34600 | North Star Recore | ds. Inc. | | | | |
| . Street Address Principal Business Of | | | Gity: | | State | Zip |
| 22 LONDON | ST. | | EMST | Growich | RI | 02818 |
| . Business Phone No. | | 5. State of Incorporation | | | • | 6. SIC Code |
| 401-886-8888 | | RHODE ISLAND | | | | 2618 |
| . Brief Description of the Character of PRODUCTION, DISTUIBU | f Business Conducted in Rh TION, MARKETING A | ode Island | D MUSIC | | | |
| . NAMES AND ADDRESSES | OF THE OFFICERS: | ("X" BOX FOR ATTAC | CHMENT) | FILL IN SPACE | CES BEFORE USING AT | TTACHMENTS |
| resident Name | | · | Vice Presiden | t Name | | |
| KICHARD WATERMAN | | | SUSAN T. WATERMAN | | | |
| rreet Address 27 PlongeanT ST. | | | Street Address 27 PLEASANT ST. | | | |
| w | State | Zip | City: | | State | Ζίρ |
| 1. KINgs10WM | KI | 02852 | M. Kin | 25 10 WAS | LI | 02852 |
| SUSAN T. WATERMAN | | | Treasurer Name THORPE | | | |
| DUSAN Ti WAS treet Address | BICITIAN | | Street Address | | | |
| 27 PLEASANT | ST. | | 500 CC 11000 000 | | | |
| 1. Kingsvowy | State RT | Zip 02852 | City | | State | Zip |
| . NAMES AND ADDRESSES (| OF THE DIRECTORS | : ("X" BOX FOR ATTA | ACHMENT) | FILL IN SP. | ACES BEFORE USING | ATTACHMENTS |
| Greetor Same | | | Director Name | | | |
| KICHARD WATERMAN | | | CEORGE H. WATERMAN III | | | |
| 27 Plument ST. | | | Street Address 155 WOOSTEN ST. | | | |
| M. Kingsown | State NF | Zip 0285ユ | City V | ************************* | State N/ | Zip 1001 2- |
| irector Name | 1:00 3/1 / | | Director Name | D 1 M. | id | |
| DUSAN WATERMAN | | | F. JAVI MOING 9 | | | |
| 27 PLEMENT ST. | | | 151 Exchanges ST. | | | |
| M. KINJOYUWD | State RI | Zip 02852— | PANTUC | her | State 人 工 | 02860 |
| 0. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) | | | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) | | | |
| UTHORIZED SHARES | al vo | | ISSUED SHAR | | | I |
| umber of Shares (| Class/Series 1 | Par Value | Number of She | Tres | Class/Series | Par Value |
| 10,000 NO PAR VALUE | | | 277 | 5 | WINHOUT PAR | |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

| E.I. D | FILED |
|---------------------|-------------------------------|
| File Date Check No. | MAR 0 3 2005 14706 |
| Ву: | Ву |
| FO | R SECRETARY OF STATE USE ONLY |

| Under penalty of perjury, I declare an | affirm that I have examined this report. |
|----------------------------------------|-------------------------------------------|
| | s and statements, and that all statements |
| contained herein are true and correct. | /- |
| Sichard I h | erma 2/28/05 |
| Ignature of Officer | Date |
| RICHARD WATEN | marl |
| Print ox Type Name of Officer | • |
| PROSIDENT | |
| Title of Officer | E (20 E) |
| | Form 630 Rev. 12/03 |