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 ~ Emáil: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____ 2016

Filing Period: January 1 - March 1 ● This period must be typed or printed legibly.

| | FAILURE TO FILE THIS REPORT BY MARCH 1 WILL RESULT IN A \$25.00 PENALTY FEE. 2. Name of Corporation | | | | |
|--|--|------------------------------|---|---------------------------|---|
| 000136096 | Ira Garb | er Photography, | Inc. | | |
| 3. Principal office address | | | City | State | Zip |
| 150 Chestnut Street | | | Providence | RI | • |
| 4. Business Phone No. | | | 5. State of Incorporation | KI | 02903 |
| 401-274-3723 | | | Rhode Island | | |
| 6. Brief description of the o | haracter of busing | ess conducted in Rhode Islan | nd | | <u> </u> |
| Professional Pho | | | | | |
| | | ESSES) ("X" BOX FOR ATT | TACUMENT\ | - | |
| President Name | | TOOLO/(X BOX FOR A)) | Vice-President Name | | |
| Ira Garber | | | vice-President Name | | |
| Street Address | | | Street Address | | |
| 150 Chestnut Str | eet | | | | |
| City | State | Zip | City | State | |
| Providence | RI | 02903 | ", | Claic | Zip |
| Secretary Name | | 02303 | Treasurer Name | | |
| Paul Silver | | | Trousurer Natile | | |
| Street Address | | | Street Address | | |
| Hinkley, Allen, Snyder 50 Kennedy Plaza, #1500 | | | Cit du Fludicas | | |
| City | State | Zip | City | Ctota | |
| Providence | RI | 02903 | Only | State | Zip |
| | | | | | |
| 8. LIST ALL DIRECTORS (N Director Name | TARIES AND ADD | RESSES) ("X" BOX FOR AT | <u>: </u> | · | |
| Ira Garber | | | Director Name | | |
| Street Address | | | Street Address | | |
| 150 Chestnut Str | eet | | On out Addiess | | |
| City | State | Zip | City | Charle | |
| Providence | RI | 02903 | Oity | State | Zip |
| Director Name | | | Director None | | |
| | | | Director Name | | |
| Street Address | | | Street Address | | |
| | | | Street Address | | |
| City | State | Zip | City | Ctoto | 7:- |
| | | 1 | City | State | Zip |
| 3. SHARES AUTHORIZED | | | 10.000 | | |
| | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) NUMBER OF SHARES CLASS/SERIES PAR VALUE | | |
| This information is curren | tly of record in 45 | a Office of the Coto- | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| of State. Changes require | | | 100 | | |
| See Section 9 of Instruction sheet. | | | 100 | Common | 01 |
| VI MOUNCHU | 311006 | | | | |
| This report must be ever | cuted on behalf of | the compration by an author | in a state of the | | |
| TOPOT MUSIC DE GAGI | this report | must be executed on hehalf | zed representative. If the corport the corporation by the received | oration is in the hands o | f a receiver or trustee, |
| | , | | | | 45 .441 |
| | | | Under penalty of perj this report, including | ury, I declare and affirm | m that I have examined |
| File Date | | | and that all statement | ts contained herein are | requies and statements true and correct. |
| File Date | | FILED | | | |
| | | | | | |
| File Date | | 1 ILLV | | | - 12.20 |
| | | | Signature of Authorized | d Person | <u> 12 ⋅ 20</u> Date |
| Check No | | DEC 2 8 2015 | | d Person | |
| Check No | | | Signature of Authorized Ira Garber Print or Type Name of | | |

Revised: 01/2012

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