

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 -		iling Fee: \$50.00			
FORM MUST BE TYPED IN BI			<del></del>	<del></del>	
1. Corporate ID No. 89004	2. Name of Corpo	Collection, Inc.	·		
	.l	Conection, inc.	10%	State	77:2
3. Street Address Principal Busine 5193 OLD POST ROAL	••		City CHARLESTOWN	RI	<i>Zip</i> 02813
4. Business Phone No.	· · · · · · · · · · · · · · · · · · ·	5. State of Incorpora	tion		6. SIC Code
4013223000 RHODE ISLAN			ND		2659
7. Brief Description of the Chara TO ENGAGE IN THE BUS	cter of Business Col INESS OF IMI	nducted in Rhode Island PORTING WOOL SWEAT	TERS AND WOOL GOODS.		
President Name	ES OF THE OF	FICERS ("X" BOX FOR.	ATTACHMENT)   FILL, IN SPA Vice President Name	CES BEFORE USING AT	TACHMENTS
DAVID M. LANNING			• none	<del> </del>	
Street Address 4 OXFORD STREET			Street Address		
City:	State	Zip	City	State	Zip
WESTERLY	RI	02891			
Secretary Name SANDRA J. LANNING			Trèasurér Name SANDRA J. LANNIN	1G	
Sircei Address	<del></del>	· <del></del>	* Sirces Address		<del></del>
4 OXFORD STREET			4 OXFORD STREET		
City	State	Zip	`Ciŋ	State	7.ip
WESTERLY	RI	02891	. WESTERLY	RI	02891
9. NAMES AND ADDRESS Director Name	ES OF THE DIF	ECTORS ("X" BOX FO	RATTACHMENT) TILL IN S	PACES BEFORE USING	ATTACHMENTS
DAVID M. LANNING			SANDRA J. LANNII	NG ·	
Street Address		<u> </u>	Street Address		
4 OXFORD STREET			4 OXFORD STREET		
City	State	Zip	·Ciŋ·	State	Zip
WESTERLY	RI	02891	WESTERLY	RI	02891
Director Name			Director Name		
Sireei Address	····		· Sireei Address	<del></del>	
Sireer Audress			• Sireel Muuress		
City	State	Zıp	.City	State	Zip
E	1	i i	•	•	
10. SHARES AUTHORIZE	D ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMEN	カロ
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares 🗷	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR-VALUE			99	common	no par
2 P P P P P P P P P P P P P P P P P P P	<del></del>	<del></del>			
I	4 *	- J - D - : L - 12	7	C	
Inis reppre must pe signe	a in ink by eith	er the President, Vice	President, Secretary, Assis	iani Secretary, Treasi	urer, Keceiver or Irusiee
_					
<b>111</b> (6 (6)) <b>11</b> (0)	4011 410				
8 9 0	0 4			ury, I declare and affirm	
	<u> </u>			any accompanying sched	
*89004 DBC 01/05/05 0	02:02:23 PM*		and that all statement	s contained herein are th	uc and correct.
File Dale 4/6/0	<i>S</i>				3/8/05
601-0			Eignature of Officer		Date
Check No 09101		_	DAVID M. L	ANNING	•
· 1V			Print or Type Name of	Officer	
B <sub>Y:</sub> V J		<b>–</b> j	President		
FOR SECRETARY OF STATE	USE ONLY		Title of Officer		Form 630 12/01



FOR SECRETARY OF STATE USE ONLY

## 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

Office of	the Secretary of State	e			401.222.30
PROFIT COR	PORATION	N ANNUAL RE	PORT FOR THE Y	YEAR 2004	
Filing Period: Januar (FORM MUST BE TYPED		Filing Fee: \$50.00		<del></del>	<del></del>
1. Corporate ID No.	2. Name of Co.	rporation	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
89004	Galapago	s Collection, Inc.			
3. Street Address Principal		· · · · · · · · · · · · · · · · · · ·	City	State	Zip
5193 OLD POST	ROAD		CHARLESTOWN	RI	02813
4. Business Phone No.		5. State of Incorpo.		<del> </del>	6. SIC Code
4013223000		RHODE ISLA	AND		2659
7. Brief Description of the TO ENGAGE IN THE	Character of Business ( BUSINESS OF I	Conducted in Rhode Island MPORTING WOOL SWE	ATERS AND WOOL GOODS.		
8. NAMES AND ADDI	RESSES OF THE O	FFICERS ("X" BOX FO	RATTACHMENT)   FILL IN SPA	CES BEFORE USING	VITACHMENTS
DAVID M. LANNIN			Vice President Name		
Street Address		·	Sircei Address		
4 OXFORD STREET	Γ		Sirvei Maaress		
Ċity	State	Zip	City	State	
Westerly	RI	02891	•	Siare	Zip
Secretary Name	• • • • • • • • •		Trèasurer Name		
SANDRA J. LANNI	NG		SANDRA J. LANNII	√G	
Sircei Address			* Street Address	·	
4 OXFORD STREET	- · <del>- · - · - · - · · · · · · · · · · ·</del>		.4 OXFORD STREET		
City Maar and the	State	Zip	City	State	Zip
Westerly	RI	02891	.Westerly	RI	02891
ツ NAMES AND ADD! Director Name	RESSES OF THE DI	IRECTORS ("X" BOX FO	ORATTACHMENT)   FILL IN S	PACES BEFORE USING	ATTACHMENTS
DAVID M. LANNIN	ıc		Director Name		
Sircei Address		<del></del>	SANDRA J. LANNII	NG	
4 OXFORD STREET	ı		Street Address		
City	State	Zip	4 OXFORD STREET		<del></del>
Westerly	RI-	02891	<i>∙City</i> ∫Westerly	State RI	Zip
Director Name			Director Name		02891
	)		Buector Name		
Street Address			Sireei Address		
			•		
City:	State	Zip	City	State	Zip
		·	· · · · · · · · · · · · · · · · · · ·		
10. SHARES AUTHOR	IZED ("X" BOX FO	RATTACHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMEN	νη []
AUTHORIZED SHARES Number of Shares	Classic		ISSUED SHARES		
- Januares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
3,000 NO PAR VALL	JE		99	COMMON	NO PAR
	~ <del>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </del>				
					<b>;</b>
his report must he sie	and in int he aid	han the Description 16		<u>-</u>	
mo report mast be sig	;nea in ink by eiii	ier ine rresiaeni, vice	President, Secretary, Assist	ant Secretary, Treasi	urer, Receiver or Trustet
8 9	0 0 4		Under penalty of perju	ry, I declare and affirm	that I have examined
			this pepert, including a	ny accompanying sched	lules and statements,
*89004 DBC,01/13/0	04 09:21:25 AM*		and that all statements	contained herein are tru	ie and correct.
File Date 3/12/1	04			~	2/18/04
Q \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<del></del>	_	Signature of Officer	<del>- ( )</del>	Date
Check No. 90 0	<del></del>	_	DAVID M. LA		· · · · · · · · · · · · · · · · · · ·
			Print or Type Name of O		
Ru: 【入			,,	• **	

President Inte of Officer

Form 630 12/01

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

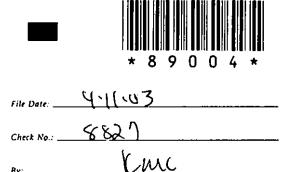
#### PROFIT CORPORATION ANNUAL REPORT FOR

Filing Period: January 1-March 1 • Filing Fee: \$50.00

CORM MUST BE TYPED OR PRINTED IN BLACKS

THE YEAR	2003	STO PLEASE RE INSTRUCTI
----------	------	-------------------------------

1. Corporate ID No.	2. Name of Corpora	rtion			_
89004	•				
3. Street Address Principal Bush		Collection, Inc.	City	State	Zip
5193 Old Pos 4. Business Phone No.		5. State of Incorporation	Charlestown	RI	02813
322-3000		RHODE ISLAND			2659
7. Brief Description of the Chan					
Sales of imp					
President Name		ICERS (*X* BOX FOR ATTACH	MENT) FILL IN SPACES BI Vice President Name	EFORE USING ATTAC	HMENTS
David M. Lan	ning		n/a		
Street Address 4 Oxford St.			Street Address		
City	State	Zip	Clty	State	Zip
Westerly	RI	02891			
Secretary Name		·	Treusurer Name		
Sandra J. La	nning		Sandra J. Lanı	ning	
Street Address 4 Oxford St.			Street Address 4 Oxford St.		
City	State	Zip	City	State	Zip
Director Name		02891 ECTORS ("X" BOX FOR ATTAC	Director Name	R I BEFORE USING ATTA	02891 CHMENTS
David M. Lan Street Address	ning		Sandra J. Lant Street Address	ning	
4 Oxford St.		,	4 Oxford St.		
Chy	State	Zip .	City	State	Zip
Westerly  Director Name	RI	02891	Westerly Director Name	RI	02891
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORI AUTHORIZED SHARES	ZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHMENT	•
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
			99	common	no par



FOR SECRETARY OF STATE USE ONLY

Under panalty of perjury, I declare and affirm that I have examined this report, lycluding any accompanying schedules and statements, and hat all statements contained herein are true and correct. Signature of Officer

David M. Lanning Print or Type Name of Officer

President

Title of Officer **€** 

Form 630 12/02

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN B	LACK)				
1. Corporate ID No.	2. Name of Carpor	ation			_
89004	Galapagos	Collection, Inc.			
<ol> <li>Street Address Principal Busine</li> </ol>	ess Office	•	City	State	Zip
5193 Old Pos *. Business Phone No. 322-3000	t Rd.	5. State of Incorporation RHODE ISLANI	Charlestown	RI	02813 6. SIC Code <b>2659</b>
7. Brief Description of the Charac Sales of imp					
President Name David M. Lan		ICERS (*x* box for attac	Vice President Name N/A	EFORE USING ATTAC	CHMENTS
Street Address			Street Address		
4 Oxford St.	State	Zip	City	State	Zip
Westerly Secretary Name Sandra J. La	RI nning	02691	Theasurer Name Sandra J. Lan	ning	
Street Address 4 Oxford St.			Street Address ord St.		
westerly	State RI	7ip 02891	c <sub>ity</sub> Westerly	State RI	Ö2891
9. NAMES AND ADDRE Director Norme David M. Lan		ECTORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES Director Name Sandra J. Lan	BEFORE USING ATTA	ACHMENTS
itteet Address 4 Oxford St.			Street Address 4 Oxford St.		
Dity	State	Zip	City	Stale	Zip
Westerly Director Name	RI	02891	Westerly Director Name	RI	02891
treet Address	•		Street Address		
Tity	State	Zip	City	State	Zip
O. SHARES AUTHORIZ	ED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*X*	* BOX FOR ATTACHMENT	7
Sumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			. 99	common	no par

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



File Date: _	3-18-02	
Check No.: _	1349	
Ву:	<u>a</u>	

FOR SECRETARY OF STATE USE ONLY

Under genalty 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

Signature of Officer

David M. Lanning

Print or Type Name of Officer

President

Title of Officer 5

Ferm 630 12/01

Zio

Zip

Zip

02891

02813



#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

City

N/A

Street Address

Treasurer Name

Street Address

Director Name

Street Address

City

City

Sandra J. Lanning

Sandra J. Lanning

4 Oxford St.

Westerly

Charlestown

iling Period: January 1-March 1 • Filing Fee: \$50.0	iling	Period:	January	1-March	1 •	F	iling	Fee:	\$50.0
--	-------	---------	---------	---------	-----	---	-------	------	--------

(FORM MUST BE TYPED IN BLACK)

1. Corporate 1D No. 89004 2. Name of Corporation

Galapagos Collection, Inc.

3. Street Address Principal Business Office

5193 Old Post Rd. 4. Business Phone No. 5. State of Incorporation

State

State

RI

RI

RHODE ISLAND 322-3000

7. Brief Description of the Character of Business Conducted in Rhode Island

Sales of imported woolens

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) - FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name

02891

Zip

02891

President Name

David M. Lanning

Street Address

4 Oxford St.

City

Westerly

Secretary Name

Sandra J. Lanning

Street Address

4 Oxford St.

City

Westerly

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name

David M. Lanning Street Address

4 Oxford St.

City

Westerly

Street Address

City

8,000 NO PAR VALUE

Director Name

State RI

Zip

02891

Westerly

Director Name

4 Oxford St.

State RI

State

State

State

State

RI

RI

02891

ZIP

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTIHORIZED SHARES

Number of Shares

Par Value

Zip

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

PARAMETER CERT (22)

Street Address

Number of Shares

Class/Series

Par Value

99

common

no par

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



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined viis report,\including any accompanying schedules and statements, and hat all statements contained berein are true and correct

Signature of Officer

David M. Lanning Print or Type Name of Officer

President

Title of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3046

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No 2. Name of Corporation Galapagos Collection, Inc. 3. Street Address Principal Business Office State 5193 Old Post Rd. Charlestown RI 02813 4. Business Phone No. 5. State of Incorporation RHODE ISLAND 401-322-3000 7. Brief Description of the Character of Business Conducted in Rhode Island Sales of imported woolens 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name David M. Lanning N/A Street Address Street Address 4 Oxford St. City State City State Zio Westerly 02891 RI 1 Secretary Name Treasurer Name Sandra J. Lanning Sandra J. Lanning Street Address Street Address 4 Oxford St. 4 Oxford St. City State Zip City State Westerly RI 02891 Westerly RI 02891 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name David M. Lanning Sandra J. Lanning Street Address Street Address 4 Oxford St. 4 Oxford St. City State Zio City State Zip Westerly RI 02891 RI Westerly 02891 Director Name Director Name Street Address Street Address City State 7.1p City State Zip 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 8,000 SHS NO PAR VALUE 99 SHS common no par

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

निर्देशकारं dent



File Date:	3-3-00	
Check No.: _	7638	
Ву:	JA	<u>-</u>
FOR SECRETA	ARY OF STATE USE ONLY	

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. Signature of Officer <u>David M. Lanning</u> Print or Type Name of Officer

FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999



Charlestown RI 02813 Charlestown RI 02813  9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS   5 c	Filing Period: January	1-March 1 •	Filing Fee: \$50.00	)		PHASERIAN
Secretary Name  Some Address and Proper Address of the Character of Building Control of State (Charlestown Name Address Addres	<del></del>					
Sales of imported woolens would be thought bland Sales of imported woolens and woolens sales of imported woolens woolens are provided by the sales of imported woolens and woolens are provided by the sales of imported woolens are provided by the sales of imported woolens are provided by the sales of imported woolens and woolens are provided by the sales a						<u> </u>
4. Source Processor  4. Source Processor  4. Source Processor  4. ADI – 222 – 3000  7. Ref Description of the Changing of the Conducted in Mode in Bloods  8. NAMES AND ADDRESSES OF THE OFFICERS CX* BOX FOR ATTACHMENT? IN SPACES BEFORE USING ATTACHMENTS  9. NAMES AND ADDRESSES OF THE OFFICERS CX* BOX FOR ATTACHMENT? IN SPACES BEFORE USING ATTACHMENTS  9. NAMES AND ADDRESSES OF THE OFFICERS CX* BOX FOR ATTACHMENT? IN SPACES BEFORE USING ATTACHMENTS  9. NAMES AND ADDRESSES OF THE OFFICERS CX* BOX FOR ATTACHMENT? IN SPACES BEFORE USING ATTACHMENTS  9. Standar J. Lanning  9. Standar J. Lanning  9. Standar J. Lanning  9. Standar J. Lanning  9. Standar Address  204 E. Beach Rd.  109 Charlestown RI 02813 Charlestown RI 02813  9. STANDES AND ADDRESSES OF THE DIRECTORS CX* BOX FOR ATTACHMENT? IN THE INSPACES BEFORE USING ATTACHMENTS: Introduction of the Standard Company of Standard Compa	3. Street Address Principal Business (	Dffice		City	State	Zip
A 101-322-3000  2 Noted Description of the Consistency Sensitives Considered in Mande to Hande to Hand	5193 Old Post	t Rd.		Charlestown	RI	02813
7. Bird Description of the Challester of Basiness Combined to Rebuts bland Sales of imported woolens S. NAMES AND ADDRESSES OF THE OFFICERS CYL BOX FOR AFFACHMENT! FILL IN SPACES BEFORE USING ATTACHMENTS PORTAGE Store David M. Lanning N/A  Siner Address 204 E. Beach Rd. City Charlestown RI 02813 Secretabless 204 E. Beach Rd. City Charlestown RI 02813 Charlestown RI 02813 Secretabless 204 E. Beach Rd. City Charlestown RI 02813 Charlestown RI 02813 Secretabless Some Address Secretabless Descretabless De			5. State of Incorporati	AND		
Sales of imported woolens  NAMES AND ADDRESSES OF THE OFFICERS (** NOX FOR ATTACHMENTS**) FILL IN SPACES BEFORE USING ATTACHMENTS**  David M. Lanning  Charlestown  RI  O2813  Tresure Name  Sandra J. Lanning  Secretaly Name  Sandra J. Lanning  Secretaly Name  Source Address  204 E. Beach Rd.  City  Charlestown  RI  O2813  Photos Name  David M. Lanning  Successive Address  Successive Address  David M. Lanning  Successive Address  David M. Lanning  Successive Address	<b>.</b>	401-322-3000			<del></del>	2033
E. NAMES AND ADDRESSES OF THE OFFICERS CX BOX FOR ATTACHMENT   THE INSPACES BEFORE USING ATTACHMENTS   The International David M. Lanning   N/A    Store Address   Store Addre	· ·					•
Postation Name	<u>.</u>			PACHMENT)   IFILL IN SPACES H	FFORE LISING ATTAC	HMENTS * Alexa
Surest Address  204 E. Beach Rd.  City  City  State  State Address  Surest Address  Physical Research Rd.  City  Charlestown  RI  O2813  Charlestown  Surest Address  Discretor Name  David M. Lanning  Surest Address  Surest		SES OF THE OFF	ICERS (A BOX FOR AL)		CONE OSING ATTAC	. 19:503
204 E. Beach Rd.  Charlestown RI 02813  Secretary Name Sandra J. Lanning Steet Address 204 E. Beach Rd.  Charlestown RI 02813  Sandra J. Lanning Steet Address  David M. Lanning Sandra J. Lanning  David M. Lanning Sandra J. Lanning Sandra J. Lanning Sandra J. Lanning  Sandra J. Lanning  O2813  Charlestown RI 02813  Charlestown	David M. Lanr	ning		N/A		
Charlestown RI 02813  Secretary Name  Sandra J. Lanning  Secretary Name  Sandra J. Lanning  Secret Address  204 E. Beach Rd.  Chy Charlestown RI 02813  Secret Address  Charlestown RI 02813  Secret Address  Director Name  David M. Lanning  Source Address  David M. Lanning  Source Address  Source Address  Chy Charlestown RI 02813  Charlestown RI 02813  Secret Address  Congress Name  Charlestown RI 02813  Charlestown				Street Address		
Secretary Name  Sandra J. Lanning  Sandra J. Lanning  Source Address  204 E. Beach Rd.  City  Charlestown  RI  O2813  Charlestown  RI  O2813  Charlestown  RI  O2813  Charlestown  RI  O2813  O2813  Charlestown  RI  O2813  O2813  Charlestown  RI  O2813  O2813  O2813  Charlestown  RI  O2813  O2813  Charlestown  RI  O2813  O2813  Charlestown  Sandra J. Lanning  Sandra J. Lanning  Sandra J. Lanning  Charlestown  Sandra J. Lanning  Charlestown  Charlestown  RI  O2813  O2813  Charlestown  RI  O2813  Charlestown  RI  O2813  O2813  Charlestown  RI  O2813  O2			. <del></del>	<u> </u>	<del></del>	· · · · · · · · · · · · · · · · · · ·
Sandra J. Lanning   Sandra J. Lanning   Sandra J. Lanning   Street Address   Street Addre		} -····		City	State	Zip
Sandra J. Lanning Street Address  204 E. Beach Rd.  205 E. Beach Rd.  205 Charlestown RI  20813  9. NAMES AND ADDRESSES OF THE DIRECTORS TY, NOX FOR ATTACHMENT DIRECT Name  Director Name  Director Name  Street Address  204 E. Beach Rd.  204 E. Beach Rd.  205 Sandra J. Lanning Sandr		J RI	02813			
Street Address  City Charlestown RI  O2813  Share Charlestown RI  David M. Lanning Sandra Sheet Address  City Charlestown RI  O2813  Charlestown RI  O2813  Share Address  Share Charlestown RI  O2813	·			• • • • • • • • • • • • • • • • • • • •		
204 E. Beach Rd.  Clay State   Zip   Clay   State   Zip   O2813   Charlestown   RI   O2813   O		nning			11 <b>ng</b>	<del>-</del>
Charlestown RI 02813 Charlestown RI 02813  9. NAMES AND ADDRESSES OF THE DIRECTORS (*X. HOX FOR ATTACHMENT) FILL IN SPACES REFORE USING ATTACHMENTS : 5.5. Director Name David M. Lanning Street Address Street Address Street Address Charlestown RI 02813  Charlestown RI 02813 Charlestown RI 02813  Director Name Street Address Street Addr	204 E. Beach	Rd.		•	Rd.	F.
9. NAMES AND ADDRESSES OF THE DIRECTORS [12] MIX FOR ATTACHMENT]   FILL IN SPACES BEFORE USING ATTACHMENTS   Director Name	City	State	Zip	<del> </del>	<del></del>	Zip
Director Name  David M. Lanning  Street Address  204 E. Beach Rd.  City  Charlestown  RI  02813  Director Name  Director Name  Street Address	Charlestown	RI	02813	Charlestown	RI	02813
David M. Lanning  Street Address  204 E. Beach Rd.  City Charlestown RI  O2813 Charlesto		ES OF THE DIRI	ECTORS ("X" BOX FOR	· · · · · · · · · · · · · · · · · · ·	BEFORE USING ATTA	CHMENTS
Street Address  204 E. Beach Rd.  City Charlestown RI  02813 Charlestown RI  02813 Charlestown RI  02813 Charlestown RI  02813 Director Name  Street Address				<u>:</u>		ý
Charlestown RI 02813 Charlestown RI 02813 Charlestown RI 02813  Director Name  Street Address  Street Address  Street Address  Street Address  Street Address  City State Zip  Li. SHARES AUTHORIZED C'X' BOX FOR ATTACHMENT)  Discording State State Zip  Li. SHARES SSUED C'X' BOX FOR ATTACHMENT)  AUTHORIZED SHARES  Rumber of Shares Class/Series Par Value Supplied Shares Class/Series Par Value  8,000 SHS NO PAR VALUE  99 SHS Common no par  Check No:  Signature of Officer Delete	David_MLanr	ning			ning	<del></del>
Charlestown RI 02813 Charlestown RI 02813  Director Name  Street Address  City State Zip  City State Zip  City State Zip  City State Zip  10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) 12. SAUTHORIZED SHARES  Romber of Shares Class/Series Par Value Rumber of Shares Class/Series Par Value Rumber of Shares Common no par  Check No:  Check No:  Check No:  State Zip  City State Zip  City State Zip  Under penalty of perjury, I declare and affirm that I have examined that all latements contained herein are true and optrect for that all latements contained herein are true and optrect for the Check No:  State Address  City State Zip  Under penalty of perjury, I declare and affirm that I have examined that all latements contained herein are true and optrect for the Check No:  Standard of Officer Date		n a		:		¥
Director Name  Street Address	City 204 E. Beach		Zip		State .	Zip
Street Address  11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)  ACTION SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)  ACTION SUPPLY STREET  SOUD SHARES  Class/Series  Per Value  Soud SHS NO PAR VALUE  99 SHS  Common  no par  Under penalty of perjury, I declare and affirm that I have examined this Toport, including any accompanying schedules and statements, and that all latements contained herein are true and optreet  File Date:  Check No:  Street Address  Street Address  Street Address  Under penalty of perjury  State  21p  State  22p  11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)  SSMED SURPS  Common  no par  Under penalty of perjury, I declare and affirm that I have examined this Toport, including any accompanying schedules and statements, and that all latements contained herein are true and optreet  Stignature of Officer  Date:  Stignature of Officer	Charlestown	RI	02813	Charlestown	RI	02813
City State Zip City State Zip  10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  SSPED SHARES  Class/Series Pur Value Number of Shares Class/Series Par Value  8,000 SHS NO PAR VALUE  99 SHS Common no par  Chis report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trusted of the President of Shares Common in the President of Shares Co	Director Name	••••••••••••••	• • • • • • • • • • • • • • • • • • • •	Director Name	••••••	
City State Zip City State Zip  10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  SSPED SHARES  Class/Series Pur Value Number of Shares Class/Series Par Value  8,000 SHS NO PAR VALUE  99 SHS Common no par  Chis report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trusted of the President of Shares Common in the President of Shares Co		·		<b></b>		<u> </u>
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES  Number of Shares  Class/Setiles  Par Value  SSUED SHARES  Number of Shares  Class/Setiles  Par Value  99 SHS  Common  no par  This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truste  Under penalty of perjury, I declare and affirm that I have examined  this report, including any accompanying schedules and statements, and that all latements contained herein are true and correct  Signature of Officer  Dale  Check No.:	Street Address			Street Address		
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES  Number of Shares  Class/Setiles  Par Value  SSUED SHARES  Number of Shares  Class/Setiles  Par Value  99 SHS  Common  no par  This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truste  Under penalty of perjury, I declare and affirm that I have examined  this report, including any accompanying schedules and statements, and that all latements contained herein are true and correct  Signature of Officer  Dale  Check No.:	City	- T State	T210	City	Ctate	710
SSUED SHARES  Number of Shares  Class/Series  Par Value  8,000 SHS NO PAR VALUE  99 SHS  Common  no par  This report must be signed in link by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truste  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 operating of parts.  Signature of Officer  Date	,	"""		,	31411	6.7
SENT STARTS  Number of Shares  Class/Series  Par Value  8,000 SHS NO PAR VALUE  99 SHS  Common  no par  This report must be signed in link by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truste  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 orrect  Signature of Officer  Date	10. SHARES AUTHORIZED	(*X * BOX FOR ATT)	ACHMENT)	11. SHARES ISSUED (*)	BOX FOR ATTACHMENT	) <b>[</b>
8,000 SHS NO PAR VALUE  99 SHS  common  no par  This report must be signed in lnk by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truste  Under penalty of perjury, I declare and affirm that I have examined  with report, including any accompanying schedules and statements, and that all latements contained herein are true and correct forms that all latements contained herein are true and correct forms.  Signature of Officer  Date	AUTHORIZED SHARES				······	
This report must be signed in Ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truste  # 8 9 0 0 4 *  Under penalty of perjury, I declare and affirm that I have examined  ### Proport, Including any accompanying schedules and statements, and that all statements contained herein are true and correct    1	Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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 for the statements and the statements and the statements are the statements and the statements and the statements are true and correct for the statement are true and correct for the state	8,000 SHS NO PAR V	ALUE	-	99 585	COMMOD	no nar
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 operect in the part of Officer bale.		<del></del>				
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 operect in the part of Officer to the Officer to the part of Officer to the Officer to th						.*
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 operect in the pale of Officer Date.	<del></del>	······································	<del></del>			
File Date:  Check No.:  This report, including any accompanying schedules and statements, and that all statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statement in the s	This report must be signe	d in Ink by eith	ier the President, Vio	ce President, Secretary, Assis	tant Secretary, Treasu	irer, Receiver or Truste
File Date:  Check No.:  This report, including any accompanying schedules and statements, and that all statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statement in the sta	0.0 6	A 160 60111 DE 111 A 811 A	(B) (38)			
File Date:  Check No.:  This report, including any accompanying schedules and statements, and that all statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statement in the sta						
File Date:  Check No.:  This report, including any accompanying schedules and statements, and that all statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statements contained herein are true and correct in the statement in the sta			ISI TĒCI			
that all statements contained herein are true and oprrect 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	, * 0	7 4 4	-			
Check No.: 7310	<del></del>		<del></del> ,	/ \	=	-3
Check No.: +310	File Date:	125,00	<b>⊇</b> }	( , )	- 1	ilia aa
Check No.:	~	210	1			TALL
μανίο m. Lanning ,,	Check No.:	210	<del></del> .			Dair
Print or Type Name of Officer		40	· •		<u> </u>	·····

President

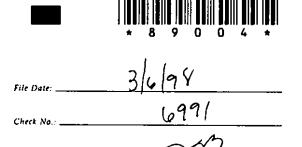
Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED IN BLAC					
Corporate ID No.	Galapagos	Collection, Inc.		· · <del></del>	
Street Address Principal Business (	**		City	State	Zip
5193 Old Post	Road		Charlestown	RI	02813
Business Phone No. 401-322-3000		' HHODE'ISLAN	ID		6. SIC CAR. <b>2659</b>
Brief Description of the Character of Sales of impo					
NAMES AND ADDRESS	ES OF THE OFF	ICERS ("X" BOX FOR ATTAC	CHMENT)  * Vice President Name		<del>-</del>
David M. Lann	ing		N/A		
204 E. Beach	Road		Street Address		
Charlestown	State R I	zip 02813	City	State	Zip
retury Name Sandra J. Lan	•	04010	Treasurer Name Sandra J. Lan	ning	•• •• •• •• • • • • • • • • • • • • • •
204 E. Beach	Road		Street Address 204 E. Beach	Road	
Charlestown	State RI	<sup>zip</sup> 02813	Charlestown	State RI	<sup>Z(p, 1</sup> 02813
NAMES AND ADDRESS	ES OF THE DIR	ECTORS (*X* BOX FOR ATT			
ector Name David M. Lann	•		Director Name		
eet Address 204 E. Beach	Road		Street Address		
Charlestown	State RI	02813	City	State	Zip
ector Name Sandra J. Lan	nina		Director Name	•	
eet Address 204 E. Beach	_		Street Address		
204 E. Beach	State	7/0	City	<b>5</b> 0.00	•••
Charlestown	RI	zip 02813	City	State	Zip
SHARES AUTHORIZED			11. SHARES ISSUED (*X	* BOX FOR ATTACHMEN	T) -
mber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS NO PAR V	ALUE		99 SHS	common	no par



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and a	offirm that I have examined
tins report, including any accompanying	schedules and statements, an
that all statements contained herein are	true and correct
	2/24/98
Signature of Officer	Dale
David M. Lanning	

Print or Type Name of Officer

President
Title of Officer



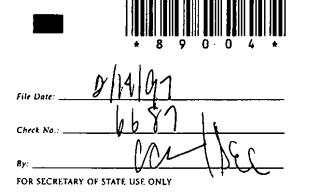
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

#### PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BL	ACK)				THIS LORM		
1. Carporate ID No. 89004	2. Name of Corpora  Galapago	s Collection, Inc.					
3. Street Address Principal Busines:	• =	•	City	State	Zip		
73 Old Hopkin	ton Road		Westerly	RI	02891		
4. Business Phone No.		5. State of Incorporati	on		6. SIC Code		
401-596-7738		RHODE ISI	_AND		2659		
7. Brief Description of the Characte							
Sales of impor	rted woolen	ıs					
8. NAMES AND ADDRES	SSES OF THE OFF	ICERS ("X" BOX FOR AT	TACHMENT)		- <del>-</del>		
President Name			Vice President Name		<del>-</del>		
David M. Lann	ing		N/A				
Street Address			Street Address				
204 E. Beach I	Road						
City	State	Zip	Clly	State	Zip		
Charlestown	RI	02813					
Secretary Name		•	Treasurer Name		•		
Sandra J. Lanı	ning		Sandra J. Lanning				
Street Address			Street Address				
204 E. Beach I	Road		204 E. Beach	Road			
City	State	Žip	City	State	Z.Ip		
Charlestown	RI	02813	Charlestown	RI	02813		
9. NAMES AND ADDRES	SSES OF THE DIR	ECTORS (*x* BOX FOR A	ATTACHMENT)				
Director Name			Director Name				
David M. Lann:	ing						
Street Address	_		Street Address				
204 E. Beach I	Road						
City	State	Zip	City	State	Zip		
Charlestown	RI	.02813	•				
Director Name			Director Name				
Sandra J. Lanı	ning						
Street Address	03		Street Address				
204 E. Beach I							
City	State	2ip 	City	State	Zip		
Charlestown	RI	02813	: •				
10. SHARES AUTHORIZE	ED AND ISSUED (	"X" BOX FOR ATTACHMEN	(T)				
AUTHORIZED SHARES			ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
8,000 SHS NO PAR	R VALUE		. 99	SHS COMM NO	PAR		
	<del></del>		:				
			:				

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

David M. Lanning

Print or Type Name of Officer

President