

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

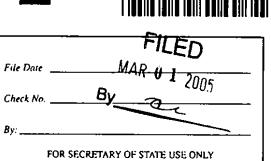
Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

2005

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 (FORM MUST BE TYPED OR P		ng Fee: \$50.00			
1. Corporate ID No. 9906	2. Name of Corporation THAMES GLAS				
3 Street Address Principal Busine 688 Thame	1		Newport	State R.T.	2ip 02840
4. Business Phone No. (401) 84605		5. State of Incorporation RHODE ISLAND			6. SIC Code 1032
7. Brief Description of the Charac MAKE AND SELL HA	nd blown glass ''	1 Rhode Island			
8. NAMES AND ADDRESS	SES OF THE OFFICER	S: ("X" BOX FOR ATT	ACHMENT) [] FILL IN S	PACES BEFORE USIN	NG ATTACHMENTS
President Name	Qual.		Vice President Name	D ,	
Street Address	Buechner		Street Address	Buechner	
139 Old	Beach Ro	ad		Beach Road	1
Newbort	State RI	02840	New port	State R.I.	^{zip} 02 840
Secretary Name Matthew	Buechner	······································	Treasurer Name	Buech ner	
Street Address	Beach Road		Street Address	Beach Rox	
Newport	State R.I.	^{21p} 02840	New port	State R.T	21p 02840
	ES OF THE DIRECTO	RS: ("X" BOX FOR AT	TACHMENT) FILL IN	SPACES BEFORE US	ING ATTACHMENTS
Director Name			Director Name		
Street Address			Sirect Address		
City	State	Zip	Chy	State	Zip
Director Name	J	J	Director Name		
Street Address		,	Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	 D ("X" BOX FOR AT"	TACHMENT)	: 11. SHARES ISSUED (" ISSUED SHARES	 "X" BOX FOR ATTAC	HMENT) [
Number of Shares	Class/Scries	Par Value	Number of Shares	Class/Scries	Par Value
1,000 NO PAR VALUE	·		200 no par val	cce .	
This report must b	c signed in ink by cit	her the President, Vice I	President, Secretary, Assistan	it Secretary, Treasurer	, Receiver or Trustee
118					
-			Under penalty of peri	ury, I declare and affirm	that I have examined this report
·	En =	_			atements, and that all statement



Under penalty of perjury, I decl		
ncluding any accompanying so		ments, and that all statement
contained herein are true and c	omect.	
V		2/28/05 Date
lignature of Officer		Dale
Adrien Bue	chner	
Print or Type Name of Officer		··
Vice Presid	lent	
Title of Officer		·
		Form 630 Rev. 12/03



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

Matthew A. Brown, Secretary of State

100 North Main Street Providence, RI 02903-1335 401-222-3040

Form 630 Rev. 12/03

ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _	2004

Filing Period: January 1 - March 1 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 9906 THAMES GLASS, INC. 3. Street Address Principal Business Office State 4. Business Phone No 5 State of Incorporation 401) 8460576 1032 RHODE ISLAND 7 Brief Description of the Character of Business Conducted in Rhode Island MAKE AND SELL HAND BLOWN GLASS ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) President Name RI 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address City State ZIP City State Zip Director Name Director Name Street Address Street Address City State Zip Cin. State 7.ip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Class/Series Number of Shares Par Value Number of Shares Class/Scries Par Value 1.000 NO PAR VALUE 200 no parvalue 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 File Date Signature of Officer Adrian Print or Type Name of Office FOR SECRETARY OF STATE USE ONLY



2019 North Main Street, Providence, RI 02903-1335 401-222-3040



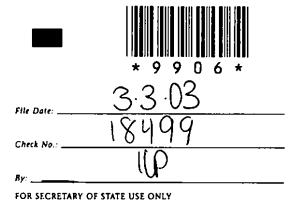
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) I. Corporate ID No. 2. Name of Corporation 9906 THAMES GLASS, INC. 3. Street Address Printiamosne Glass Inc. City State ZID 688 Thames Street 4. Business Phone Newport, RI 02840 5. State of Incorporation 6. SIC Code 401-846-0576 **RHODE ISLAND** 1032 7. Brief Description of the Character of Business Conducted in Rhode Island We make and sell handblown glass 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Matthew Buechner Buechner Adrian Street Address Old Beach Road City THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Street Address Street Address City City Director Name Director Name Street Address Street Address City State Zip City 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 1,000 NO PAR VALUE 200 no par value

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

Title of Officer

4733≥ 3



Under penalty of perjury, I declare and affirm that I have examined this report, Including any accompanying schedules and statements, and that fill statements contained herein are true and correct.

2/27/03

Signature of Officer

Date

Advian Buecher

Print or Type Name of Officer

Uice President

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 CORP Filing Period: January	ORATION 1-March 1 •	ANNUAL REP	ORT FOR TH	IE YEAR	002 ST
FORM MUST BE TYPED IN BLA	CK)				
1. Corporate ID No.	2. Name of Corpora	tlon ·			
9906	THAMES G	LASS, INC.			
3. Street Address Principa Nathona 688 Thi	P/Glass Inc. ames Street		City	State	Zip
4. Business Phone No. Newpor	t, RI 02840 846-0576	. S. State of Incorporation RHODE ISLAND			6. SIC Code 1032
7. Brief Description of the Character We make an		n Rhode Island d blown glass			
B. NAMES AND ADDRESS President Name	SES OF THE OFFI	ICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTA	CHMENTS
Matthew 139 Old Newport	Buechne	V		ian Buechn Old Beach R	er
139 Old	Beach Roa	d	139 0	old Beach R	rad
Newport Secretary Name	RI	02840	: New Year	old Beach Ri ent "R <u>T</u> n Buechne L	02840
Matthew ineer Address Same	Buechn	er	Treasurer Name Adria Street Address	n Buechne	•
			sam	<u>ب</u>	
lity	State	Zip	City	State	Zip
D. NAMES AND ADDRESS Director Name	SES OF THE DIRE	ECTORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPAC	CES BEFORE USING AT	TACHMENTS
treet Address			Street Address		
City	State	Zip	City	State	Zip
Director Name		•	Director Name		
treet Address			Street Address		
Elty	State	Zip	City	State	Zip
O. SHARES AUTHORIZED UTHORIZED SHARES	O ("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	NT)
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			200 ropor val	ue	

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



File Date:	4.16.02
Check No.:	17802
By:	E STATE LISE 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 tru	e and correct.
_A		2/26/02
Signature of Officer		- Dale
Adrian	Buechner	
Pales or Time Name of A	0/6	

President Title of Officer **₹**

Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00f

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation THAMES GLASS, INC. 9906 3. Street Address Principal Business Office Thames Glass, Inc. State Zip 688 Thames Street 6. SIC Code 1032 4. Business Phone No. S. State of Incorporation Newport, RI 02840 RHODE ISLAND 7. Brief Description of the Character of Business C hand blown glass. We make and sell 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS** Buechner Old Beach Road old Beach Road Street Address City State 210 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City State 210 State Zip Director Name Director Name Street Address Street Address City State City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES EZUED SHANES Q(0)Number of Shares Number of Shares Class/Series Par Value Class/Series 1000 NO PAR VAL

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

Title of Officer

	* 9 9 0 6 * 2/27	
File Date:	<u> </u>	
Check No.:	17036	
Ву:	2ı	
FOR SECRETARY	OF STATE USE ONLY	_

Jnder penalty of perjury, I declare	and affirm that I have exam	ined .
his report, including any accomp	anying schedules and statem	ents, and
hat all statements contained here	in are true and correct.	
A	VP .	
ignature of Officer	Date 3	
rint or Type Name of Officer	1	

Form 630 12/00

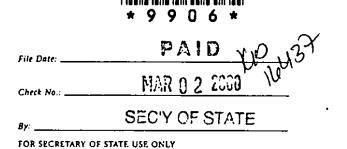
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

(FORM MUST BE TYPED IN	BLACK)				
1. Corporate ID No.	2. Name of Corporal	tion			
9906	THAMES GL	ASS, INC.			
3. Street Address Principal Busil	mes Glass, Inc. Thames Street		City	State	Zip
4. Business Phone No. Nov	port, RI 02840 01-846-0576	5. State of Incorporation RHODE ISLAN	D		6. SIC Code 1032
7. Brief Description of the Char	acter of Business Conducted In				
We ma	ke + sell	hand bla	un glass.		
8. NAMES AND ADDR	ESSES OF THE OFFI	CERS ("X" BOX FOR ATTAC	HMENT FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS
President Name Matt	thew Buechn	iei	Vice President Name	an Buechnes	
Street Address 139	old Beach	Road	Street Address	Old Beach 1	Road
cir Newport	•	2102840	cin Newpo	NT State RI	02840
Secretary Name Mai	than Bue	chne	Treasurer Name	ort state RI Adrian Bue	chner
Street Address			Street Address		
City	Dave	Zip	City	Dastate	Zip
9. NAMES AND ADDR	ESSES OF THE DIRE	CTORS (*X* BOX FOR ATT	ACHMENT) FILL IN SP	/ ACES BEFORE USING ATT	ACHMENTS
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORI. AUTHORIZZD SHARES	ZEI) ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUE	D (*x* box for attachmen	τ)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 NO PAR VA	L				,
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This report must be el	aned in ink he sisk	or the Brackdont Was	Descident Const	Annintaria Carantaria M	.

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. Title of Officer



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

STOP 211 VM RIAD EXSERT HOXX

r i i i ng Period: January 1 FORM MUST BE TYPED IN BLAC		iing Fee: \$50.00					INSTRUCTIO
Corporate ID No.	2 Nume of Corporation THAMES GLA	SS. INC.			• • •		
3. Street Address Principal Business O. Thames G. Business Phone No Newport, F.	ifice lass inc. es Street Il 02840	5 State of Incorporation RHODE ISLAND			State	·· · · · · · · · · · · · · · · · · · ·	6. SIC Code 1032
139 Old Newport	Beach	hard blooms ("x" BOX FOR ATTACHINE Road 210 02840	un gle MENT) HILLI Vue Presiden N	IN SPACES BEF	J BUE		NTS Zip
NAMES AND ADDRESSI	State S OF THE DIRECT	CORS ("X" BOX FOR ATTAC	· City	DO L IN SPACËS BE	State FORE USIN	G ATTACHM	Zip
treet Address			Street Address		 .	· - · · ·	
irector Name	State	Zip	City Director Name		State		Zip
rect Address			Street Address		-	····· -	
ity	State	Zıp	City		State		Zip
O. SHARES AUTHORIZED UTHORIZED SHARES			ESSUED SHARES	ISSUED (*x* BO	•		
1000 NO PAR VAL	Class/Series	Par Value	Number of Share.		Class/Series	!	Par Value
his report must be signed	in ink by either	 the President, Vice Pi		etary, Assistan			

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 SECRETARY OF STATE USE ONLY

ADRIAN BUZHNER
Print or Type Name of Officer

11P

Title of Officer

Signature of Officer

--- 21 12 /06



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

STOP
PILANE READ
INSIRECTIONS

rung	Perioa:	january	I-March I	•	ruing	FEE: \$30.00	•

(FORM	MUST	ΒE	TYPED	IN	BLACK)
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1. Corporate ID No.

2. Name of Corporation

•	·				
9906 3. Street Address Principal Bu	siness Office THAMES GL	ASS, INC.	Thames Glass Inc. City 688 Thames Street Newport, RI 02840	State	Zip
4. Business Phone No.		S. State of Incorporation	401-846-0576		6. SIC Code
7. Brief Description of the Ch. WC V. 8. NAMES AND ADD	oracter of Business Conducted in Make and S DRESSES OF THE OFFIC	RHODE ISLAND ELL FAND ERS (*X* BOX FOR ATTACH	plown gurs.		1032
President Name M#	ATTHEW BUE	CHNER	Vice President Name ADPU	AN BUET	HNBR
Street Address 139	Old Beach	Road	Street Address	Old Beau	ch Road
City Newport	State RI	21p 02840	CITY Newport	State	HNBR L Road 2102840
1	thew Buechne		The services Name	S BUELHA	
Street Address				. ~	
City	State	Zip	City	State	Zip
9. NAMES AND ADD	DRESSES OF THE DIREC	CTORS ("X" BOX FOR ATTA	CHMENT) Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip '
Director Name			Director Name		
Street Address			Street Address		
City	State	. Zip	City	State	Zíp
10. SHARES AUTHO	RIZED ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED (*X* ISSUED SHARES (*X*)	BOX FOR ATTACHME	NT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

1000 NO PAR VAL

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

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File Date:	0. OC	192	
	18028	$^{\gamma}$ \mathcal{M}	
Check No.: _	160	-/4	
Ву:	<u> </u>		
FOR SECRET	ARY OF STATE USE ON	II.Y	M

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.

2/25/98

Agrian Breithven

4/\$

Signature of Officer

Title of Officer

Ensur 21 12/04



FOR SECRETARY OF STATE USE ONLY

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 BLACK) I. Corporate ID No. 2. Name of Corporation 9906 THAMES GLASS, INC. 3. Street Address Principal Business Office 02840 6. SIC Code **RHODE ISLAND** 1032 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Matthew Buechner Matthew Buechne BUEZHNER City 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Addres City Director Nam Director Na Street Address Street Address City City State ZIP 10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUFED SHARES Number of Shares Class/Series Par Value Class/Series 1000 NO PAR VAL 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.

Signature of Officer

Title of Officer

ADRIAN BUEZHNER

Farm 31 12 2 2

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

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

CORROBATE IN AN	La unit de discission	PLEASE TYPE OR I	PRINT IN BLACK INK.	· · · · · · · · · · · · · · · · · · ·	····
1. CORPORATE ID NO.	2. NAME OF CORPORATION				
9906 3 STREET ADDRESS PRINCIPAL BUSINESS		GLASS, INC.		STATE	ZIP CODE
	hames St.	T'S STATE OF INCORPORATION	Newport	RI	02840
401-846 7. BRIEF DESCRIPTION OF THE CHARACTER		RHODE IS	LAND		1032
	and Sell	hand blow			
PRESIDENT NAME Matth	www Buechr		ESSES OF THE OF MOZ PRESIDENT NAME Ad VIZ	in Buech	new
STREET ADORESS 139 01	d Beach Ro	(STREET ADDRESS	n-ne	
Newport SECRETARY HAME		02840	TREASUREN NAME	STATE	ZIP COOLE
STREET ADDRESS	ew Buechi	el		n Buechn	er
an) WARTE	ZP C00€	ary	STATE	Zup C006E
DIRECTOR NAME	9 . N A N	ES AND ADDR	E, S'S E S O F T H E D I	RECTORS	
STREET ADDRESS			STREET ADDRESS		
(di v	ŠIAIĖ	ZIP C00€	an	STATE	20° 000€
DIRECTOR NAME		<u> </u>	DIRECTOR NAME		
STREET ADDRESS			STREET ADORESS	····	······································
ary	ŠTÁTĖ	ZIP CODE	arv	STATE	ZIP C00€
		ARES AUTHOR	IZED AND ISSUED		
MUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	HUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR WALLE
1000 NO PA		None-	\		
			1		
	Thio	voned must be SIC	AIFD IN INIV her side of the		
Pre			iNED IN INK by either the tant Secretary, Treasurer,		e
	101	• !	report, including	f perjury, I declare and any accompanying sch intained herein are true	affirm that I have examined the edules and statements, and the and correct.
File Date:	435	i	Signature of Office	an Buerth	NER_
By:	ortup	 -	Print or Type Nar	,, <u> </u>	
For Secretary of	State Use Only	•	Title of Officer	··	Date

DETACH DOTTOM DECODE DETHINNING

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335

401-277-3040

ANNUAL REPORT

Please Type or Print File Annually - Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

O009906	Annual Report for the year:
Name of Corporation:THAMES GLASS, I	NC.
Business entity organized under the laws of the State of: RI	Business Entity is (check one):
For foreign entity, address and telephone number of principal office:	
	[] Professional Service Corporation (See RIGL Chapter 7-5.1)
	Printer and the last of the la
Phone: ()	Brief statement of the character of business conducted in Rhode Island: We make hand blown glows + we
Address and telephone of the principal office of business entity in Rho	
Island (Provide street address - Not P.O. Box):	- + + + + + + + + + + + + + + + + + + +
Newport PI 02840	
· · · · · · · · · · · · · · · · · · ·	
Phone: (401) 846-0576	
THE NAM	MES OF THE OFFICERS ARE:
PRESIDENT	STREET ADDRESS CITY/STATE ZIP/CO
MATTHEW BUECHNER 139 C VICE PRESIDENT ADRIAN BUECHNER	Old Black Road Newport RI 02840 STREET ADDRESS CHYSTATE 219 CC
ADRIAN BUELHNER	STREET ADDRESS CITY/STATE ZIP CO
MATTHEW BUEZHNER	STREET ADDRESS CITY/STATE ZIP CO
ADRIAN BUEEHNER	STREET ADDRESS CITY/STATE ZIP CO
THE NAM	IES OF THE DIRECTORS ARE:
NAME	STREET ADDRESS CITY/STATE ZIP CO
NAME:	STREET ADDRESS CITY/STATE ZIP CO
NAME	STREET ADDRESS CITY/STATE ZIP CO
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares Class / Series	
	Number of Shares Class / Series
1000 No par value	200 no par value
Date 2/28/9595	By:
	PRINT OR TYPE NAME OF OFFICER SIGNINGS
f om 31 1/95	TITLE OF OFFICER SIGNING
DESIGNATED REGISTI	ERED AGENT FOR SERVICE OF PROCESS:
PLEASE NOTE: If the registered office and/or registered agent indi-	

ADRIAN MARIE BUECHNER 688 THAMES STREET NEWPORT RI 02840 FILED

MAR 0 2 1995

By (2) 12850

Filing Fee \$50.00 Payable to: Secretary of State

PLEASE TYPE or PRINT

File Annually LLC: Sept. 1 - Nov. I CORP Jan. 1 - March I

State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401-277 3040

Corporate ID	9066000		Annual Report for the	e year:	1994	
Corporate 112.			•	LASS, INC		
Name of Business Entity.	<u> </u>					
	der the laws of the State of		Business Entity is	(check one):		
			Busine	ess Corporation (See 1	RIGL Chapter 7-1	.1)
Federal Taxpayer Identification				ssional Service Corpored Liability Company		Chapter 7-5-1)
For foreign entity, address an	d telephone number of principal office	c		atling address of conta		n
	- —		communications n		act person to wran	
				IN BUELHN	ER, VP	
			Thame	o <u>Glass</u> In	1C ·	
Phone: (401) 846	<u>. </u>		<u>688_</u>	Thames.	_:	
Address and telephone of the	principal office of business entity in I	Rhode	_ Newpo	MY RE OF	<u> 2840 </u>	
Island (Provide street addiess				the character of busin		
			We design	+ make han	d blown gi	4SE WHIZH
	hames Street		wie wholesa	Le to the trude	+ ritail a	t our am shop
Newport	hames Street RI 02840		Date of Organizat	ion <u>Nov. i</u>	1983	
Phone (401) 846-	-0576			tion to do business in l		oreign entity):
Phone						
<u> </u>	THE N.	AMES OF T	HE OFFICERS ARE			
CONFESSIONAL OFFICES OF	PRESIDENT (CMA ON)	STREET, AL	22.550	New P	WH RI	02840
MATHEW OF CHIEF OF CH	<u> </u>	39 01d	Beach Rd.	- Vewp		20° CCD*
	BUECHNER	******	sare			
CUSTODIAN OF RECORDS OR		STREET AD	CORLSS Sine	CITY/STATE		ZIPCODE
MATTHEW TOOM FINANCIAL OFFICER OR	BUECHNER-	STREET AL		CHASTY	·	ZIP COO!
ADRIAN	BUELHNER		5are-			
NAME	THE NA	MES OF TE	HE DIRECTORS AR	CID STATE		Y:r COOF
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
NAME		STREET AC	DORTSS	CEASTAIR		Z:P CODE
NAME.		STREET AL	DORESS	CITOSTATE		ZIP CODE
NUMBER OF SHARES AT	UTHORIZED (If Applicable)		NUMBER OF SHAP	RES ISSUED AND O	UTSTANDING (If Applicable)
			·	<u>-</u> :	·	
NUMBER 1000			NUMBER 20	U		
CLASS			CLASS			
SERIES			SERIES			
PAR VALUE OR WITHOUT PAR	o par value		PAR VALUE OR WITHOUT PAR	No Pa	n Valu	<u> </u>
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Date 2/24		Ву:				
Fil	.ED		A DRIAN 1	Buzttven		
	8 1994	PRINT OR	TYPE NAME OF OFFICER SIGNIF	NG		
MAK U	U 1774	TITLE UF C	V//			
By <u>(1/1</u>	-41851					
Form 31 1/94 =		OR PENT	Part Charmen	EDVICE OF PRO	OFee.	- —
<u> </u>	DESIGNATED REGISTERED	<u>uk kfaid</u>	<u>entagentions</u>	SEKAICE OF LKC	<u> </u>	

PLEASE NOTE. If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

10954 73

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID.	0009306	******	Annual R	eport for the year	ear1993	********
First:	050403661 The name of the corporation	on is	THAMES GL	ASS, INC.		••
Second:	It is incorporated under t	the laws of	CI			•••••
	Character of business, brie			selling ha	nd blown go	455
Fourth:	If foreign corporation, ac	ldress of its pri		& Tham	es St Nov	<u></u>
Fігтн: 1	Business address in Rhode			imes St.		
Sixth:	Names and addresses of its	Office		dress (including numb	(Attach rider if nec per, street, zip code)	æssary)
		Director Director				•••••
Adv	hew Buechner ian Buechner hew Buechner	. President	139	1 01d	Beach Kd Newport RJ	02840
	ian Buechner	. Treasurer			•••••	
SEVENTH: No. of Shar	cs Class	orized:	Senes	Ð	Par Value or statement that shares are without par value	alve
EIGHTH:	Number of Shares issued:		JECTY OF Series		Par Value or statement that shares are without	
Dated	- 26-93 19°	******	Thankes	s Glass	No par Jnc. ADIZIAN	••••••
(Rej	port must be signed by an office	By r) Tit	ile VP		6 GZHW	₹ ~

To be filed annually betw January 1st and March 1

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET

PROVIDENCE, R	RHODE ISLAND 02903 6 7 /2 (
Corporate ID 0003905 050403661	Annual Report for the year 1992
FIRST: The name of the corporation is	' THAMES GLASS, INC.
Second: It is incorporated under the laws of	ρI
THIRD: Character of business, briefly stated, is	making + selling hand blown glas
FOURTH: If foreign corporation, address of its p	orincipal office.
FIFTH: Business address in Rhode Island 68	38 Thames Street lewport RI 02840
SIXTH: Names and addresses of its directors and	d officers: (Attach rider if necessary) Address (including number, street, zip code)
Director	
Director	
Director	
Matthew Brechner President	139 Old Beach Rd
	ent
Matthew Buchner Secretary	
Advan Buochner Treasurer	
SEVENTH: Number of Shares authorized:	Par Value or statement that
No. of Shares Class	Series shares are without par value No par Val
EIGHTH: Number of Shares issued:	Par Value or statement that
No. of Shares Class	Series shares are without par value Value
	Series shares are without par value Wo Pour Value Wo Pour Value (Name of Corporation) By
	Title VP

To be filed annually between January 1st and March 1st

CORPORATIONS DIVISION

100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903 0009906 Corporate ID..... Annual Report for the year O5040 3661
The name of the corporation is THAMES GLASS, INC SECOND: It is incorporated under the laws of RI THIRD: Character of business, briefly stated, is mayn FOURTH: If foreign corporation, address of its principal office...... Business address in Rhode Island 688 Thames St. Newport Names and addresses of its directors and officers: (Attach rider if necessary) Office Address (including number, street, zip code) Director Director Beach Rd Matthew Buchner President SEVENTH: Number of Shares authorized: Par Value or statement that shares are without No. of Shares Series par value Par Value 1000 1001 1 5 6 6 F. Number of Shares issued: Par Value or statement that shares are without No of Shares Class No Par Value $\mathcal{O}(\mathcal{O})$ Glass Inc.

(Report must be signed by an officer)

Filing Fee \$ 50.00

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903 0

Corporate ID		Annual Report fo	r the year 1930
FIRST: The name	5040 366 e of the corporation is	THAMES GLASS, IN	ς
SECOND: It is inc	corporated under the laws of	RI	
THIRD: Characte	er of business, briefly stated,	is making and sell	ing Itand blown glass
FOURTH: If forei	gn corporation, address of it	s principal office	
FIFTH: Business	address in Rhode Island	688 Thames St.	
		Newport RI 025	340
SIXTH: Names at Name	nd addresses of its directors a		(Attach rider if necessary)
	Director		
	Director		
	Director		
Matthew Bue	I resident	139 Old Bec	ach Road
Adrian Bu	vechner Vice Pres	sident	
Matthew B	vechner Secretary		
Adrian B	vechner Treasure	·	
Seventh: Numb	er of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series (**)	shares are without par value
1000			90 No Par Value
Еіднтн: Numbe	r of Shares issued:	Mit Com to	Par Value or statement that
No. of Shares	Class	Series	shares are without par value
200			No to Par Value
Dated 2/15	5/90 1990	Thames Glass (Name of Corporation) By	
(Report must I	be signed by an officer)	Title VP	

State of Rhode Island and Frovidence Flantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID)3306 	Annual Repo	ort for the year	1989
First: The name	of the corporation is	THAMES STREET	GLASS HOUSE.	
	orporated under the laws or of business, briefly stated	of RI, is Hand Blown G	glass	
FOURTH: If foreig	n corporation, address of	its principal office		•••••
FIFTH: Business a	ddress in Rhode Island	688 Thames St. Newport RI C	net 02840	
SIXTH: Names an	d addresses of its directors on Directo	and officers: Address According to the control of		n rider if necessary) de)
Matthew Bue Adrian Buec Matthew Bu	thnen Vice Proceedings	nt 688 Tham esident 688 Than	es St. Newpor	H KI 02840 KI 02840
SEVENTH: Number	er of Shares authorized: Class No far val	Series PAID	or staten shares an	Value ment that re without value
EIGHTH: Number No. of Shares 1 600	of Shares issued: Class Par	Series Value	or stater shares ar	Value ment that 'e without value
Dated $2/25/8$	e signed by an officer)	(Name of Corporation) By Title	et Glass House	

To be filed annually between

State of Rhode Island and Frovidence Illustrations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0504030	661	Annual Report for	the year 1988
First: The name of the cor	poration is Thame	s Street Glass	House Inc.
SECOND: It is incorporated	under the laws of $\mathcal R$	·I.	
THIRD: Character of business	ss, briefly stated, is	aking and s	elling hand blown gloss
FOURTH: If foreign corporat	ion, address of its princip	oal office	
FIFTH: Business address in R		Thames Str. Port RI 028	***************************************
SIXTH: Names and addresses	of its directors and office	ers:	(Attach rider if necessary)
· · · · · · · · · · · · · · · · · · ·	Director		
Matthew Buechner Adrian Buechner Matthew Buechner Adrian Buechner	-	688 Thames	Street Newport RI 02840
SEVENTH: Number of Shares No. of Shares 1000	ricasuici	Series 19949	Par Value or statement that shares are without par value NO Par Value
EIGHTH: Number of Shares is No. of Shares	Class	Series	Par Value or statement that shares are without par value No Par Value
Dated May 24	19 89 (Name of By	Thames Street (Corporation)	No par Value Glass House
(Report must be signed by an	officer) Title	VP	

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 050	0403661	Annual Repo	ort for the year!	987
FIRST: The name of	of the corporation isTh	ames Street (glass House]	Inc.
Second: It is income	rporated under the laws of	R.I.		
THIRD: Character of	of business, briefly stated, is.	making and	l selling h	and blown glass
FOURTH: If foreign	corporation, address of its p	orincipal office		
FIFTH: Business ad		188 Thames Dewport RI		
SIXTH: Names and	addresses of its directors and Office		(A) (including number, street, a	Attach rider if necessary) zip code)
	Director			
	Director			
Matthew Buec	hner President	688 Th	imes Street	Newport RI 0284
Adrian Bue	chner Vice Presid			
Matthew Bu	echner Secretary	•		
Adrian Bue	chner Treasurer		1	\checkmark
SEVENTH: Number	of Shares authorized:			Par Value r statement that ares are without
No. of Shares 1000 QUEUE	Class	Series	No	par value Par Value
Еібнтн: Number o	of Shares issued:			Par Value r statement that
No. of Shares	Class	Series	sha	par Value
200 Dated Ma	y 24 19 89	Thames St (Name of Corpogation)	reet Glass H	buse
		Ву #	4	
(Report must be s	signed by an officer)	Title VP		

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID 9906		Annual Report f	or the year 1986
FIRST: The name of the corp	oration is THAME	S STREET GLASS HOUS	E, INC.
THIRD: Character of business		Rhode Islam o make and A	
J	on, address of its prin		
FIFTH: Business address in R		8 Thames Stre poit RI 0284	•
SIXTH: Names and addresses	•	fficers:	(Attach rider if necessary) uding number, street, zip code)
	Director	Mailing:	Residence Npt. 8 Marchantst.,
Matthew Brechner Adrian Brechner	President Vice President	A /	Npt. 8 Marchantst.,
Matthew Burchne Aduin Burchne	Secretary Treasurer		
SEVENTH: Number of Shares No. of Shares	authorized:	Series	Par Value or statement that shares are without par value
1000 EIGHTH: Number of Shares in No. of Shares 200	01/24/86 PAID Class	FEB 26 1986 Scries	Shares are without par Value Par Value or statement that shares are without par value Shares are without par Value
Dated 1-17 (Report must be signed by an	officer)	Theres Street The of Corporation) A L L L L L L L L L L L L	Shares are without pur value. Glass House Inc.

Form 31 1/85

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID 9906		Annual Report for the year 1985	
FIRST: The name	of the corporation is THAMES	STREET CLASS HOUSE.	INC.
	orporated under the laws of		
THIRD: Character	of business, briefly stated, is 1 19 Glass Win a glan	Making and selli o blowing studio (rather (Len a Factory).
	n corporation, address of its princ		_
FIFTH: Business ac	ddress in Rhode Island 688		
••••••	Newpo	VH RIL 02840	<u>)</u>
SIXTH: Names and	d addresses of its directors and of		(Attach rider if necessary) ng number, street, zip code)
	Director		
	Director		
	Director		
Matthew Buell		8 Marchant	St. Newport RI 028
Adrian Bue	<u> 1</u>	(mailing	address 3 688 Thanes Npt. 02840)
Mathew Bu			10/1· 02840)
Adrian B	Wedner Treasurer	V	
SEVENTH: Numbe	er of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
1000			shows are without par value
EIGHTH: Number	of Shares issued:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
200			Shores are walue without par value.
Dated Z	BECBIVE I MAK (NK By:	names Street Gla	so House, Inc.
(Report must be	e signed by an officer) Titl	e VP	

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1984 FIRST: The name of the corporation is Thames Street Glass House, Inc. SECOND: It is incorporated under the laws of Rhode Island THIRD: Character of business, briefly stated, is to produce and market hand blown glass or to engage in any other lawful activity. FOURTH: If foreign corporation, address of its principal office FIFTH: Business address in Rhode Island Thames Street Newport RI 02840 SIXTH: Names and addresses of its directors and officers: (Addresses must include street and number, if any) Name Office Address Director Director Director 688 Thames Street Newport 150284C Matthew Buechner President Adrian Marie Buechner Vice President same Matthew Buechner same Secretary Adrian Marie Buchner Treasurer (If additional space is needed, attach rider) SEVENTH: Number of Shares authorized: No. of Shares Series 1000 EIGHTH: Number of Shares issued: No. of Shares shares are without 200 par value Thames Street Glass House, Inc Dated: February 10

If the corporation has changed its registered office and or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040