



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2005  
Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>108609</b>		2. Name of Corporation <b>INTERLUDE PRODUCTIONS, INC.</b>		
3. Street Address Principal Business Office <b>P.O. Box 1124</b>		City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>
4. Business Phone No. <b>(800) 609-1366</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>0</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO CREATE AND SELL PRODUCTS AND SERVICES SUCH AS BOOKS, VIDEOS, AND RADIO PROGRAMMING PERTAINING TO PEOPLE'S MENTAL EMOTIONAL AND PHYSICAL HEALTH, AS WELL AS HOBBIES AND INTERESTS.</b>				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>Susan L. Colantuono</b>		Vice President Name <b>Susan L. Colantuono</b>		
Street Address <b>94 Green Hill Beach Road</b>		Street Address <b>94 Green Hill Beach Road</b>		
City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>South Kingstown</b>	Zip <b>02879</b>
Secretary Name <b>Susan L. Colantuono</b>		Treasurer Name <b>Susan L. Colantuono</b>		
Street Address <b>94 Green Hill Beach Road</b>		Street Address <b>94 Green Hill Beach Road</b>		
City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>South Kingstown</b>	Zip <b>02879</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <b>Susan L. Colantuono</b>		Director Name		
Street Address <b>94 Green Hill Beach Road</b>		Street Address		
City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>	City	Zip
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
<b>4,000 NO PAR VALUE</b>			<b>50</b>	<b>Common</b>
				<b>No Par Value</b>

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.

*Susan L. Colantuono* 2/18/05  
Signature of Officer Date

**Susan L. Colantuono**  
Print or Type Name of Officer

**President**  
Title of Officer

File Date **FILED**  
Check No. **FEB 23 2005 6830**  
By **KB-**  
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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Form with sections for: 1. Corporate ID No (108609), 2. Name of Corporation (INTERLUDE PRODUCTIONS, INC.), 3. Street Address (P.O. Box 1124, Charlestown, RI 02813), 4. Business Phone No ((800) 609-1366), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (0), 7. Brief Description of the Character of Business (TO CREATE AND SELL PRODUCTS AND SERVICES SUCH AS BOOKS, VIDEOS, AND RADIO PROGRAMMING PERTAINING TO PEOPLE'S MENTAL EMOTIONAL AND PHYSICAL HEALTH AS WELL AS HOBBIES AND INTERESTS), 8. NAMES AND ADDRESSES OF THE OFFICERS (President: Susan L. Colantuono), 9. NAMES AND ADDRESSES OF THE DIRECTORS (Director: Susan L. Colantuono), 10. SHARES AUTHORIZED (4,000 NO PAR VALUE), 11. SHARES ISSUED (50 Common No Par Value)

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



\* 1 0 8 6 0 9 \*

File Date: 4/19/04
Check No.: 6589
By: [Signature]
FOR SECRETARY 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.

Susan L. Colantuono 4/10/04
Signature of Officer Date
Susan L. Colantuono
Print or Type Name of Officer
President
Title of Officer



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)

1. Corporate ID No. **108609** 2. Name of Corporation **INTERLUDE PRODUCTIONS, INC.**  
3. Street Address Principal Business Office **P.O. Box 1124** City **Charlestown** State **RI** Zip **02813**  
4. Business Phone No. **(800) 609-1366** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**  
7. Brief Description of the Character of Business Conducted in Rhode Island **Create and sell products and services such as books, videos and radio programming pertaining to people's mental, emotional and physical health, as well as hobbies and interests, and all other lawful purposes under Rhode Island General Laws.**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS  
President Name **Susan L. Colantuono** Vice President Name **Susan L. Colantuono**  
Street Address **94 Green Hill Beach Road** Street Address **94 Green Hill Beach Road**  
City **South Kingstown** State **RI** Zip **02879** City **South Kingstown** State **RI** Zip **02879**  
Secretary Name **Susan L. Colantuono** Treasurer Name **Susan L. Colantuono**  
Street Address **94 Green Hill Beach Road** Street Address **94 Green Hill Beach Road**  
City **South Kingstown** State **RI** Zip **02879** City **South Kingstown** State **RI** Zip **02879**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS  
Director Name **Susan L. Colantuono** Director Name  
Street Address **94 Green Hill Beach Road** Street Address  
City **South Kingstown** State **RI** Zip **02879** City State Zip  
Director Name  
Street Address  
City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**4,000 NO PAR VALUE**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT) ISSUED SHARES  
Number of Shares Class/Series Par Value  
**50 Common No Par Value**

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



\* 1 0 8 6 0 9 \*

File Date: 3-21-03

Check No.: 5985

By: [Signature]

FOR SECRETARY 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.

Susan L. Colantuono 3/1/03  
Signature of Officer Date

Susan L. Colantuono  
Print or Type Name of Officer

President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **108609** 2. Name of Corporation **INTERLUDE PRODUCTIONS, INC.**

3. Street Address Principal Business Office **P.O. Box 1124** City **Charlestown** State **RI** Zip **02813**

4. Business Phone No. **(800) 609-1366** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island **Create and sell products and services such as books, videos, and radio programming pertaining to people's mental, emotional and physical health, as well as hobbies and interest, and all other lawful purposes under Rhode Island General Laws.**

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

President Name **Susan L. Colantuono** Vice President Name **Susan L. Colantuono**

Street Address **94 Green Hill Beach Road** Street Address **94 Green Hill Beach Road**

City **South Kingstown** State **RI** Zip **02879** City **South Kingstown** State **RI** Zip **02879**

Secretary Name **Susan L. Colantuono** Treasurer Name **Susan L. Colantuono**

Street Address **94 Green Hill Beach Road** Street Address **94 Green Hill Beach Road**

City **South Kingstown** State **RI** Zip **02879** City **South Kingstown** State **RI** Zip **02879**

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

Director Name **Susan L. Colantuono** Director Name

Street Address **94 Green Hill Beach Road** Street Address

City **South Kingstown** State **RI** Zip **02879** City State Zip

Director Name Director Name

Street Address Street Address

City State Zip City State Zip

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

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
4,000 NO PAR VALUE	50 Common No Par Value

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



File Date: 3-21-02  
Check No.: 5491  
By: [Signature]

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]  
Signature of Officer **Susan L. Colantuono** Date  
Print or Type Name of Officer **Susan L. Colantuono**  
Title of Officer **President**

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

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **108609** 2. Name of Corporation **INTERLUDE PRODUCTIONS, INC.**  
3. Street Address Principal Business Office  
**P.O. Box 1124** City **Charlestown** State **RI** Zip **02813**  
4. Business Phone No. **(800) 609-1366** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island **Create and sell products and services such as books, videos, and radio programming pertaining to people's mental, emotional and physical health, as well as hobbies and interest, and all other lawful purposes under Rhode Island General Laws.**

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

President Name <b>Susan L. Colantuono</b>	Vice President Name <b>Susan L. Colantuono</b>
Street Address <b>94 Green Hill Beach Road</b>	Street Address <b>94 Green Hill Beach Road</b>
City State Zip <b>South Kingstown RI 02879</b>	City State Zip <b>South Kingstown RI 02879</b>
Secretary Name <b>Susan L. Colantuono</b>	Treasurer Name <b>Susan L. Colantuono</b>
Street Address <b>94 Green Hill Beach Road</b>	Street Address <b>94 Green Hill Beach Road</b>
City State Zip <b>South Kingstown RI 02879</b>	City State Zip <b>South Kingstown RI 02879</b>

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

Director Name <b>Susan L. Colantuono</b>	Director Name
Street Address <b>94 Green Hill Beach Road</b>	Street Address
City State Zip <b>South Kingstown RI 02879</b>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**4,000 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**50 Common No Par Value**

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



\* 1 0 8 6 0 9 \*

File Date: 2/26  
Check No.: 5055  
By: [Signature]

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] 2/13/01  
Signature of Officer Date  
**Susan L. Colantuono**  
Print or Type Name of Officer  
**President**  
Title of Officer



**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. **108609** 2. Name of Corporation **INTERLUDE PRODUCTIONS, INC.**  
3. Street Address Principal Business Office **P.O. Box 1124** City **Charlestown** State **RI** Zip **02813**  
4. Business Phone No. **(800) 609-1366** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island **Create and sell products and services such as books, videos and radio programming pertaining to people's mental, emotional and physical health, as well as hobbies and interest, and all other lawful purposes under Rhode Island General Laws.**

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

President Name <b>Susan L. Colantuono</b> Street Address <b>94 Green Hill Beach Road</b> City <b>South Kingstown</b> State <b>RI</b> Zip <b>02879</b>	Vice President Name <b>Susan L. Colantuono</b> Street Address <b>94 Green Hill Beach Road</b> City <b>South Kingstown</b> State <b>RI</b> Zip <b>02879</b>
Secretary Name <b>Susan L. Colantuono</b> Street Address <b>94 Green Hill Beach Road</b> City <b>South Kingstown</b> State <b>RI</b> Zip <b>02879</b>	Treasurer Name <b>Susan L. Colantuono</b> Street Address <b>94 Green Hill Beach Road</b> City <b>South Kingstown</b> State <b>RI</b> Zip <b>02879</b>

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

Director Name <b>Susan L. Colantuono</b> Street Address <b>94 Green Hill Beach Road</b> City <b>South Kingstown</b> State <b>RI</b> Zip <b>02879</b>	Director Name  Street Address  City State Zip
Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**4,000 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**50 Common no par value**

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



File Date: 11/0 1/0 4587  
Check No.: 114 2339  
By: SECRETARY OF STATE  
FOR SECRETARY 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.

Susan L. Colantuono 2/7/00  
Signature of Officer Date  
**Susan L. Colantuono**  
Print or Type Name of Officer  
**President**  
Title of Officer