



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

Matthew A. Brown, Secretary of State  
Corporations Division  
138 W. River St  
Providence, RI 02901-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2006**

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

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

|   |              |   |   |                        |              |                    |
|---|--------------|---|---|------------------------|--------------|--------------------|
| 1. Corporate ID No.<br>39923  |              | 2. Name of Corporation<br>C.L.C. CUSTOM PACKAGING + LABELING INC. |   |                        |              |                    |
| 3. Street Address - Principal Business Office<br>620 SPRING STREET  |              | P.O. Box 0512   |   | City:<br>NORTH OXBATON | State:<br>MA | Zip:<br>02764-0512 |
| 4. Business Phone No.<br>508-977-0463   |              | 5. Name of this Corporation<br>RHODE ISLAND                       |   |                        |              |                    |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>PRODUCT PACKAGING, DISPLAY DESIGN + ASSEMBLY, WAREHOUSING, DISTRIBUTION, BAR CODE LABEL PRINTING |              |   |   |                        |              |                    |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS   |              |   |   |                        |              |                    |
| President Name<br>ROBERT E. CARONELLI   |              |   | Vice President Name<br>MICHAEL A. LUNBARI                           |                        |              |                    |
| Street Address<br>505 WOODWARD ROAD   |              |   | Street Address<br>46 NORTH HULL STREET                              |                        |              |                    |
| City<br>NORTH PROVIDENCE  | State<br>RI  | Zip<br>02904  | City<br>EAST PROVIDENCE   | State<br>RI            | Zip<br>02914 |                    |
| Secretary Name<br>ROBERT J CARUSO   |              |   | Treasurer Name<br>ROBERT J CARUSO                                   |                        |              |                    |
| Street Address<br>14 COTE STREET  |              |   | Street Address<br>14 COTE STREET                                    |                        |              |                    |
| City<br>ATTLEBORO   | State<br>MA  | Zip<br>02703  | City<br>ATTLEBORO   | State<br>MA            | Zip<br>02703 |                    |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |              |   |   |                        |              |                    |
| 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          |                    |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |              |   | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                        |              |                    |
| AUTHORIZED SHARES   |              |   | ISSUED SHARES   |                        |              |                    |
| Number of Shares  | Class Series | Par Value   | Number of Shares  | Class Series           | Par Value    |                    |
| 500   | Common       | NO PAR VALUE  | 300   | COMMON                 | NO PAR       |                    |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

**FILED**

File Date: AUG 07 2006

Check No: By P233

By: \_\_\_\_\_

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.

Signature: Robert J. Caruso Date: JUN 4, 2006

Print or Type Name: ROBERT J. CARUSO

Title: SECT/TREAS