

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BL. I. Corporate ID No. 73617	ACK) 2. Name of Corporation Hilco Athletic & C				,
3. Street Address Principal Busines	is Office		City	State	Zip
1680 Cranston Stre	et		Cranston	RI	02920
4. Business Phone No.		5. State of Incorporation			6. SIC Code
401-942-1775		Rhode Island			3954
7. Brief Description of the Character Sales of personalized	ter of Business Conducted i athletic equip	d in Rhode Island oment and clothin	g		
8. NAMES AND ADDRESSI President Name Melvin D. Hill Street Address	ES OF THE OFFICE	RS <i>("X" BOX FOR ATTA</i>	CHMENT) FILL IN SPACES Vice President Name Jeffrey D. Hill Street Address		TACHMENTS
169 South Comstock	Pkwy		169 South Comstock		_
City	State	Zip	City	State	Zip
Cranston	RI	02921	Cranston	RI	02921
Secretary Name			Treasurer Name		
Melvin D. Hill			Melvin D. Hill		
Street Address			Street Address	D)	
169 South Comstock	•	_	169 South Comstock	•	7 /
City Cranston	State R I	<i>Zip</i> 02921	City Cranston	State R I	<i>Zip</i> 02921
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Director Name			Director Name		
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10. SHARES AUTHORIZED	O C'X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED ("X" BOX ISSUED SHARES		ġo
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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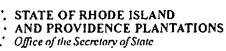
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signdaire of Office

Melvin D. Hill

Print or Type Name of Officer

President Title of Officer



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

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73617	Hilco Athletic 8	& Graphics, Inc.			
3. Street Address Principal Busine			City	State	Zip
1680 Cranston Stre	et		Cranston	ŔI	02920
. Business Phone No.		5. State of Incorporation			6. SIC Cod
401-942-1775		Rhode Island			3954
7. Brief Description of the Charac Sales of personalize	•		og		
8. NAMES AND ADDRESS	ES OF THE OFFIC	CERS ("X" BOX FOR ATTA	ICHMENT) TFILL IN SPACES Vice President Name	BEFORE USING ATTAC	HMENTS
Melvin D. Hill			Jeffrey D. Hill		
irces Address			Street Address	•	
169 South Comstock	Pkwy		169 South Comstock	Pkwy	
lity	State	Zip	City	State	Zíp
Cranston	RI	02921	Cranston	RI	02921
cretary Name			Treasurer Name		
Melvin D. Hill			Melvin D. Hill		
ireet Address			Street Address		
169 South Comstock	Pkwy		169 South Comstock	Pkwy	
`dy	State	Zip	City	State	Zip
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9. NAMES AND ADDRESS Director Name	ES OF THE DIREC	CTORS ("X" BOX FOR AT	TACHMENT) TELL IN SPACE Director Name	S BEFORE USING ATTA	ACHMENTS
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City	State	Zip	City	State	iZtp
Director Name			Director Name		Cd Cd
ireet Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D ('X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED ("X" BOX ISSUED SHARES	(FORATTACHMENT)) - -
AUTHORIZED SHARES Sumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 No par value			100		None

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



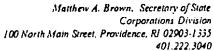
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By: By (UE 79481
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Melin Stall	11/29/05
digitatile of Officer	Date /
Melvin D. Hill	•

Print or Type Name of Officer

President





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1680 Cranston Stre			City	State	7.tp
Business Phone No.			Cranston	RI	02920
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401-942-1775		Rhode Island			3954
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Melvin D. Hill			Jeffrey D. Hill		
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69 South Comstock	Pkwy		169 South Comstock	Pkwy	
lity	State	Zip	City	State	Zip
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cretary Name			Treasurer Name		
Melvin D. Hill			Melvin D. Hill		
treet Address			Street Address		
69 South Comstock	Pkwy		169 South Comstock	Pkwy	
ity —	State	Zip	City	State	Zip
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FOR SECRET	ARY OF STATE USE O	NLY

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

Melvin D. Hill

Print or Type Name of Officer

President Title of Officer



Check No.

FOR SECRETARY OF STATE USE ONLY

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

Filing Period: January 1 - FORM MUST BE TYPED IN B 1. Corporate ID No. 73617 3. Street Address Principal Busin	LACK)	ung ree: 550.00			
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3. Street Address Principal Busin	2. Name of Carpor	ation			
	Hilco Athletic	& Graphics, Inc.			
1000 Cunnatan Ctv.	ess Office		City	State	7.tp
1680 Cranston Str	et		Cranston	RI	02920
. Bissiness Plione No.		5. State of Incorporati	ion		6. SIC Code
401-942-1775		Rhode Island			3954
. Brief Description of the Chara Bales of personalize			hing		
8. NAMES AND ADDRESS President Name	ES OF THE OFF	ICERS ("X" BOX FOR A	TTACHMENT) FILL IN SP	ACES BEFORE USING A	TTACHMENTS
Melvin D. Hill			Jeffrey D. Hill	1	
ircet Address			Street Address	•	• •
169 South Comstock	Pkwy		169 South Comst	tock Pkwy	
City	State	Zip	City	State	Zip
Cranston	RI	02921	Cranston	RI	02921
ccretary Name			Treasurer Name		
Melvin D. Hill			Melvin D. Hill		
Street Address			Street Address		
169 South Comstock	. Pkwy		169 South Comst	ock Pkwy	
City	State	Zip	City	State	Zip
Cranston	RI	02921	Cranston	RI	02921
9. NAMES AND ADDRESS Director Name	ES OF THE DIR	ECTORS ("X" BOX FOR	RATTACHMENT) FILL IN Director Name	SPACES BEFORE USING	ATTACHMENTS
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Melvin D. Hill
Print or Type Name of Officer

President
Title of Officer Form 630 12/01



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FORM MUST BE TYPED IN BI L. Carparate ID No.	!ACK) 2. Name of Corpor	ration			
73617		c & Graphics, Inc.			
3. Street Address Principal Busine	ess Office		City	State	Zip
1680 Cranston Stre	eet		Cranston	RI	02920
4. Business Phone No. 401-942-1775		State of Incorporation Rhode Island			6. SIC Code 3 9 5 4
7. Brief Description of the Charac Sales of personalize			ng		
President Name	ES OF THE OFF	TCERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES Vice President Name	BEFORE USING AT	TACHMENTS
Melvin D. Hill			Jeffrey D. Hill		
Street Address			Street Address	-1	
169 South Comstock	Pkwy		169 South Comstock	Pkwy	
City	State	Zip	City	State	Zip
Cranston	RI	02921	Cranston	RI	02921
Secretary: Name			Treasurer Name		
Melvin D. Hill			Melvin D. Hill		
Street Address			Street Address		
169 South Comstock	Pkwy		169 South Comstock	Pkwy	
City	State	Zip	City	State	Zip
Cranston	RI	02921	Cranston	RI	02921
9. NAMES AND ADDRESS Director Name	ES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) TILL IN SPACE Director Name	ES BEFORE USING	ATTACHMENTS
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10. SHARES AUTHORIZE AUTHORIZES	D CX" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("X" BOX ISSUED SHARES	(FOR ATTACHMEN	_ `
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Volue
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100 No par value This report must be signed	d in ink by cithe	er the President, Vice Pre	100 esident, Secretary, Assistant	Secretary, Treass	

r Trustee



File Date	F	ILED	
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FOR SECR	ETARY O	F 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

Melvin D. Hill

Print or Type Name of Officer

President Title of Officer

Form 630 12/01

FOR SECRETARY OF STATE USE ONLY

	ACK)				
Corporate ID No.	2. Name of Corpor				
'3617		: & Graphics, Inc.			
Street Address Principal Busine:			City	State	Zip
680 Cranston Stre	et		Cranston	RI	02920
Business Phone No.		5. State of Incorporati	on		6. SIC Code
01-942-1775		Rhode Island			3954
irief Description of the Charac les of personalized	ter of Business Cond dathletic ed	<i>fucted in Rhode Island</i> quipment and cloti	ning		
NAMES AND ADDRESSI	es of the off	ICERS ("X" BOX FOR A	TTACHMENT) TILL IN SPACES Vice President Name	BEFORE USING ATT	ACHMENTS
lvin D. Hill			Jeffrey D. Hill		
et Address			Street Address		
9 South Comstock	Pkwy		169 South Comstock	Pkwy	
,	State	Zip	City	State	Zip
anston	RI	02921	Cranston	RI	02921
etary Name	- -		Treasurer Name		
lvin D. Hill			Melvin D. Hill		
et Address			Street Address		
ser Address South Comstock	Pkwv		169 South Comstock	Pkwv	
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anston	RI	02921	Cranston	RI	02921
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7 3 6	1 7		Under penalty of perjury, 1		
			this report, including any a		
			and that all statements con	iminea ne torá ate true	una correct.
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ile Date	LED	-	mela Di	fell	11/29/0
ic Date		_	Signature of Officer Machine D. Hill	fell De	11/29/0
ile Date	2 2 2006	-	Signature of Officer Melvin D. Hill Print or Type Name of Office	Hell 100	11/29/0

Title of Officer



FOR SECRETARY OF STATE USE ONLY

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

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PROFIT CORPO	RATION A	NNUAL REPO	RT FOR THE YE	AR <u>1999</u>	_
Filing Period: January 1 - A	March I 🗶 Fili	ing Fee: \$50.00			
(FORM MUST BE TYPED IN BL	ACK)				
I. Corporate ID No. 73617	2. Name of Corpora Hilco Athletic	tion & Graphics, Inc.			
3. Street Address Principal Busines			City	State	Zip
1680 Cranston Stre			Cranston	RI	02920
	CC	5 State of Incompration	cransco		6. SIC Code
4. Business Phone No. 401-942-1775		State of Incorporation Rhode Island			3954
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8. NAMES AND ADDRESSI	ES OF THE OFFI	CERS ("X" BOX FOR ATT.	ACHMENT) TILL IN SPACE Vice President Name	S BEFORE USING ATTAC	HMENTS
Melvin D. Hill			Jeffrey D. Hill		
			Street Address		
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169 South Comstock	Pkwy		169 South Comstock	-	_
City	State	Zip	City	State	Zip
Cranston	RI	02921	Cranston	RI	02921
Secretary Name			Treasurer Name		
Melvin D. Hill			Melvin D. Hill		
Street Address			Street Address		
169 South Comstock	Dkwv		169 South Comstock	Pkwv	
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9. NAMES AND ADDRESSI Director Name	ES OF THE DIRE	CTORS ("X" BOX FOR A	TTACHMENT) T FILL IN SPAC Director Name	CES BEFORE USING ATTA	ACHMENTS
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100 No par value			100		None
7 3 6	l in ink by either	the President, Vice Pr	this report, including any	I declare and affirm that by accompanying schedules ontained herein are true and	have examined and statements.
File Date 14			1 yeur	11000 1	1/2/10)
Check No. MAY 6	-		Signature of Officer Melvin D. Hill	Date	1
MAY A	2 2 2006 —	•			

Print or Type Name of Officer

Form 630 12/01

President Title of Officer



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FORM MUST BE TYPED IN BL 1. Corporate ID No.	ACK) 2. Name of Corpor	ration			
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	ES OF THE OFF	ICERS ("X" BOX FOR A	TTACHMENT) FILL IN SPACE	es before using a	TTACHMENTS
President Name			Vice President Name Jeffrey D. Hill		
Melvin D. Hill			Street Address		•
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169 South Comstock	-	a .	169 South Comstoo	-	2.· -
City:	State	Zip	City	State RI	<i>Zip</i> 02921
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Melvin D. Hill			Melvin D. Hill		
Street Address			Street Address		
169 South Comstock	Pkwy		169 South Comstoc		_
City	State	Zip	City	State	Zip
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9. NAMES AND ADDRESS Director Name	ES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPA Director Name	CES BEFORE USING	ATTACHMENTS
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100 No par value			100		None
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7 3 6	11		Under penalty of perjur this report, including an and that all statements of	y accompanying sche	dules and statements,
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File Date		-	Signature of Officer	/rest	Date Date
Check No. MAY	2 2 2006-	_	Melvin D. Hill		
p.,,	و و و ا		Print or Type Name of Off	icer	
a r RA" (⊳⊂ Gau	1) /	President		
FOR SECRETARY OF STATE T	OSE OKEY -	- []	Title of Officer		Form 630 12



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

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PROFIT CORPO	RATION AN March 1 • Filing	NUAL REPOI	RT FOR THE YEA	R 1997	-
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City	State	Zip	City	State	Zip
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Number of Shares	Class/Series	Par Value	-irunuer of shares	CIMINENIA	, ar rame
100 No par value			100		None

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



File Date	FILED
Check No.	MAY 2 2 2006
By:	Ry OV QQUBY 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.

Mela DHell 11/29/05 Signature of Officer Date

Melvin D. Hill

Print or Type Name of Officer

President



				1006	
PROFIT CORPO	RATION March 1 ●	I ANNUAL REP Filing Fee: \$50.00	ORT FOR THE YE.	AR 1996	
(FORM MUST BE TYPED IN E	BLACK)				
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73617	Hilco Athle	etic & Graphics, Inc.			
3. Street Address Principal Busin	ness Office		City	State	Z.ip
1680 Cranston Str	eet		Cranston	RI	02920
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401-942-1775		Rhode Island			3954
7. Brief Description of the Chara			ning		
President Name Melvin D. Hill	SES OF THE O	FFICERS ("X" BOX FOR A	TTACHMENT) FILL IN SPACES Vice President Name Jeffrey D. Hill	S BEFORE USING	ATTACHMENTS
Street Address			Strect Address		
169 South Comstoc	k Pkwy		169 South Comstoc	c Pkwy	
City	State	Zip	City	State	Zip
Cranston	RI	02921	Cranston	RI	02921
Secretary Name			Treasurer Name		
Melvin D. Hill			Melvin D. Hill		
Street Address			Street Address		
169 South Comstock	k Pkwy		169 South Comstock	Pkwy	
City	State	Zip	City	State	Zφ
Cranston	RI	02921	Cranston	RI	02921
9. NAMES AND ADDRES Director Name	SES OF THE D	IRECTORS ("X" BOX FOR	ATTACHMENT) T FILL IN SPAC Director Name	ES BEFORE USIN	GATTACHMENTS
					<u>.</u>
Street Address			Street Address		
					ر: رح:
City	State	Zıp	City	State	² မှာ- င်ာ
Director Name			Director Name		<u>=</u>
					N)
Street Address			Street Address		(A)

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

City

100

ISSUED SHARES

Number of Shares



City

AUTHORIZED SHARES

100 No par value

Number of Shares

File Date	E	ILED)
Clieck No.	MAY	2 2 20	06
B <u>w</u>	By_	0%	AGLIB-1

State

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

Class/Series

Zip

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.

State

Class/Scries

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Signature of Officer Date Date Date

Melvin D. Hill

Print or Type Name of Officer

President

Form 630 12/01

26

Par Value

None

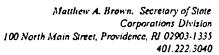


Matthew A. Brown. Secretary of State Corporations Division
100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

·· PROFIT CORPO	RATION A	NNUAL REPO	ORT FOR THE YEA	AR 1995	
Filing Period: January 1 - 1	March I • Filii	ng Fee: \$50.00	,		_
(FORM MUST BE TYPED IN BL					
I. Corporale ID No. 73617	2. Name of Corporate Hilco Athletic 8	ion L'Graphics, Inc.			
3. Street Address Principal Busine	ess Office		City	State	Zip
1680 Cranston Stre	et		Cranston	RI	02920
4. Business Phone No.		5. State of Incorporation	n		6. SIC Code
401-942-1775		Rhode Island			3954
7. Brief Description of the Charac Sales of personalize			ing		
8. NAMES AND ADDRESS President Name	ES OF THE OFFIC	ERS ("X" BOX FOR AT	TACHMENT)	BEFORE USING ATT	ACHMENTS
Melvin D. Hill			Jeffrey D. Hill		
Street Address			Street Address		• • •
169 South Comstock	Pkwy		169 South Comstock	Pkwy	
City	State	Zip	City	State	ZIp
Cranston	RI	02921	Cranston	RI	02921
Secretary Name			Treasurer Name		
Melvin D. Hill			Melvin D. Hill		
Street Address			Street Address		
169 South Comstock	Pkwy		169 South Comstock	Pkwy	
City	State	Zip	City	State	Zip –
Cranston	RI	02921	Cranston	RI	02921
9. NAMES AND ADDRESS Director Name	ES OF THE DIREC	TORS ("X" BOX FOR	ATTACHMENT) FILL IN SPACE Director Name	ES BEFORE USING A	TTACHMENTS
Street Address			Street Address		⋾
					•;•
City	State	Zip	City	State	Zφ [']
Director Name			Director Name	•	<u>ਹ</u> ਾਂ ·
Street Address		•	Street Address	•	6.3
City	State	Zip	City	State	5°5°1.
10. SHARES AUTHORIZE	D C'X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED ("X" BO. ISSUED SHARES	X FOR ATTACHMENT,	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Scries	Par Value
100 No par value			100		None
This report must be signed	in ink by either	the President, Vice P	resident, Secretary, Assistant	Secretary, Treasur	er, Receiver or Trustee
7 3 6	1 7		Under penalty of perjury,	l declare and atlirm th	at I have examined
<u></u>		7	this report, including any and that all statements con		
File Date	ILED		Signature of Officer	Hell	11/29/05
Check No. MAY	2 2 2006		Melvin D. Hill		····
By: Sv	USC 901	ihu •		•	
FOR SECRETARY OF STATE	USE ONLY		President		Form 630 12:0

President Title of Officer



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

PROFIT CORPO	RATION A	NNUAL REPO	RT FOR THE YEA	R 1334	_
Tang Period. Summary 1 - 1 FORM MUST BE TYPED IN BL I. Corporate ID No. 73617	ACK) 2. Name of Corpor		•		
3. Street Address Principal Busine.	ss Office		City	State	Zip
1680 Cranston Stre	et		Cranston	ŔĬ	02920
4. Business Phone No. 401-942-1775		 State of Incorporation Rhode Island 			6. SIC Code 3 954
7. Brief Description of the Charac Sales of personalize			; ·		·
President Name	ES OF THE OFF	ICERS ('X" BOX FOR ATTA	ICHMENT) FILL, IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
Melvin D. Hill			Jeffrey D. Hill		•
Street Address			Street Address	Diagon	
169 South Comstock			169 South Comstock	•	7:
City	State	Zip	City	State RI	<i>Zip</i> 02921
Cranston ecretary Name Melvin D. Hill	RI	02921	Cranston Treasurer Name Melvin D. Hill	R1	02321
			Street Address	•	
<i>Street Address</i> 169 South Comstock	Pkwy		169 South Comstock	Pkwy	<u></u>
Ciny:	State	Zip	City	State	Zip
Cranston	RI	02921	Cranston	RI	02,921
9. NAMES AND ADDRESS: Director Name	ES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE Director Name	S BEFORE USING AT	TACHMENTS
Street Address			Street Address		 _1
City	State	Zip	City	State	Z.p.:
Director Name			Director Name		2։
Street Address			Street Address		-
City	State	Zip	City	State	ZIp
10. SHARES AUTHORIZE	D C'X" BOX FOR.	ATTACHMENT)	11. SHARES ISSUED ("X" BOX ISSUED SHARES	(FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 No par value			100		None

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



	FILED
File Date	MAY 2 2 2006
Check No.	By QK gaum
FOR SECRETA	RY 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.

Melita Hell 11/29/05 Signature of Officer Date

Melvin D. Hill

Print or Type Name of Officer

President