



**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>57721</b>		2. Name of Corporation <b>AAK, INC.</b>			
3. Street Address Principal Business Office <b>34 Hamlet Avenue</b>			City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>
4. Business Phone No. <b>765-0200</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>9837</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>ADULT ENTERTAINMENT</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Andrew Noyes</b>			Vice President Name		
Street Address <b>157 Lake Drive</b>			Street Address		
City <b>Glocester</b>	State <b>RI</b>	Zip <b>02814</b>	City	State	Zip
Secretary Name <b>Same</b>			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. 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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. 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
<b>600 NO PAR VALUE</b>			<b>0</b>		

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



File Date 2-10-05  
Check No. 19900  
By: KB  
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.

Andrew Noyes 2-1-05  
Signature of Officer Date

**Andrew Noyes**  
Print or Type Name of Officer  
**President**  
Title of Officer



**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)

1. Corporate ID No. <b>57721</b>		2. Name of Corporation <b>AAK, INC.</b>			
3. Street Address Principal Business Office <b>34 Hamlet Avenue</b>			City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>
4. Business Phone No. <b>765-0200</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>9837</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>ADULT ENTERTAINMENT</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Andrew Noyes</b>			Vice President Name <b>Same</b>		
Street Address <b>157 Lake Drive</b>			Street Address		
City <b>Gloucester</b>	State <b>RI</b>	Zip <b>02814</b>	City	State	Zip
Secretary Name <b>Same</b>			Treasurer Name <b>Same</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>None</b>			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 AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. 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
<b>600 NO PAR VALUE</b>			<b>0</b>		

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



**FILED**  
\* 5 7 7 2 1 \*

File Date MAR 01 2004  
Check No. By 18577 GDD  
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.

*Andrew Noyes* 1-12-04  
Signature of Officer Date  
**Andrew Noyes**  
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. **57721** 2. Name of Corporation **AAK, INC.**  
3. Street Address Principal Business Office **34 Hamlet Avenue** City **Woonsocket** State **RI** Zip **02895**  
4. Business Phone No. **765-0200** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9837**

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

**Adult Entertainment**

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

President Name <b>Andrew Noyes</b>	Vice President Name <b>Same</b>
Street Address <b>157 Lake Drive</b>	Street Address
City <b>Glocester</b> State <b>RI</b> Zip <b>02815</b>	City State Zip
Secretary Name <b>Same</b>	Treasurer Name <b>Same</b>
Street Address	Street Address
City State Zip	City State Zip

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

Director Name <b>None</b>	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 AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
<b>600 NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
<b>0</b>		

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



\* 5 7 7 2 1 \*

File Date: 2/25/03  
Check No.: 17529  
By: AN

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.

Andrew Noyes 1-21-03  
Signature of Officer Date

**ANDREW NOYES**  
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. **57721** 2. Name of Corporation **AAK, INC.**  
3. Street Address Principal Business Office **34 Bamlet Avenue** City **Woonsocket** State **RI** Zip **02895**  
4. Business Phone No. **765-0200** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9837**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Adult Entertainment**

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

President Name <b>Andrew Noyes</b>	Vice President Name <b>Same</b>
Street Address <b>157 Lake Drive</b>	Street Address
City <b>Glocester</b> State <b>RI</b> Zip <b>02814</b>	City State Zip
Secretary Name <b>Same</b>	Treasurer Name <b>Same</b>
Street Address	Street Address
City State Zip	City State Zip

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

Director Name <b>None</b>	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 AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**600 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**0**

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



\* 5 7 7 2 1 \*

File Date: 3-11-02  
Check No.: 16565  
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] 1-21-02  
Signature of Officer Date

**Andrew Noyes**  
Print or Type Name of Officer  
**President**  
Title of Officer



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. **57721** 2. Name of Corporation **AAK, INC.**

3. Street Address Principal Business Office **34 Hamlet Avenue** City **Woonsocket** State **RI** Zip **02895**

4. Business Phone No. **765-0200** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8837**

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

**Adult Entertainment**

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

President Name **Andrew Noyes** Vice President Name **Same**

Street Address **157 Lake Drive** Street Address

City **Glocester** State **RI** Zip **02814** City State Zip

Secretary Name **Same** Treasurer Name **Same**

Street Address City State Zip

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

Director Name **None** Director Name

Street Address City State Zip

Director Name 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 Class/Series Par Value Number of Shares Class/Series Par Value  
**600 NO PAR VALUE** **0**

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



File Date: 5-4-01  
15429  
Check No.: 2  
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 of Officer Andrew Noyes Date 1-15-01  
**ANDREW NOYES**  
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. **57721**      2. Name of Corporation **AAK, INC.**

3. Street Address Principal Business Office      City      State      Zip  
**34 Hamlet Avenue**      **Woonsocket**      **RI**      **02895**

4. Business Phone No.      5. State of Incorporation      6. SIC Code  
**765-0200**      **RHODE ISLAND**      **9837**

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

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

President Name <b>Andrew Noyes</b>	Vice President Name <b>Same</b>
Street Address <b>157 Lake Drive</b>	Street Address
City      State      Zip <b>Glocester      RI      02815</b>	City      State      Zip
Secretary Name <b>same</b>	Treasurer Name <b>same</b>
Street Address	Street Address
City      State      Zip	City      State      Zip

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

Director Name <b>None</b>	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 AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>600 NO PAR VALUE</b>		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>0</b>		

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



\* 5 7 7 2 1 \*  
**PAID**

File Date: **FEB 29 2000**

Check No.: **SEC'Y OF STATE**

By: **WD 238130**

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.

**Andrew Noyes**      2-1-2000  
Signature of Officer      Date

**ANDREW NOYES**  
Print or Type Name of Officer

**PRESIDENT**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **57721** 2. Name of Corporation **AAK, INC.**  
3. Street Address Principal Business Office **34 Hamlet Avenue** City **Woonsocket** State **RI** Zip **02895**  
4. Business Phone No. **401-765-0200** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9837**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Adult entertainment**

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

President Name <b>Andrew Noyes</b>	Vice President Name
Street Address <b>157 Lake Drive</b>	Street Address
City <b>Glocester</b> State <b>RI</b> Zip <b>02815</b>	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

**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 Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

RECEIVED  
SECRETARY OF STATE  
NOV 12 4 00 PM '99

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>600 SHS NO PAR VAL</b>		

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

ISSUED SHARES	Class/Series	Par Value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



PAID

File Date: **NOV 12 1999**

Check No.: **16**

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.

*Andrew Noyes*  
Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

**ANDREW NOYES**  
Print or Type Name of Officer

**President**  
Title of Officer

RECEIVED  
SECRETARY OF STATE  
NOV 12 12 05 PM '99



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **57721**      2. Name of Corporation **AAK, INC.**

3. Street Address Principal Business Office      City      State      Zip  
**34 Hamlet Avenue**      **Woonsocket**      **RI**      **02895**  
4. Business Phone No.      5. State of Incorporation      6. SIC Code  
**401-765-0200**      **RHODE ISLAND**      **9837**

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

Adult Entertainment

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name	Vice President Name
Andrew Noyes	
Street Address	Street Address
157 Lake Drive	
City      State      Zip	City      State      Zip
Glocester      RI      02815	
Secretary Name	Treasurer Name
Street Address	Street Address
City      State      Zip	City      State      Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

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 AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<b>600 SHS NO PAR VAL</b>		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
none		

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



File Date: 3.27.98  
Check No.: 10817  
By: AN

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.

Andrew Noyes      1-21-98  
Signature of Officer      Date

Andrew Noyes  
Print or Type Name of Officer

President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT 1997**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **57721**      2. Name of Corporation **AAK, INC.**  
3. Street Address Principal Business Office      City      State      Zip  
**34 Hamlet Avenue**      **Woonsocket**      **RI**      **02895**  
4. Business Phone No.      5. State of Incorporation      6. SIC Code  
**(401) 765-0200**      **RHODE ISLAND**      **9837**

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

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name <b>Andrew Noyes</b>	Vice President Name
Street Address <b>157 Lake Drive</b>	Street Address
City      State      Zip <b>Glocester      RI      02815</b>	City      State      Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City      State      Zip	City      State      Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

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 AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>600 SHS NO PAR VAL</b>			<b>none</b>		

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



\* 5 7 7 2 1 \*

File Date: 2/12/97  
Check No.: 10348  
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.

[Signature]      1-8-97  
Signature of Officer      Date  
ANDREW NOYES  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer

# 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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 57721 2. NAME OF CORPORATION AAK, INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 34 Hamlet Avenue CITY Woonsocket STATE RI ZIP CODE 02895

4. BUSINESS PHONE NO. (401) 765-0200 5. STATE OF INCORPORATION RHODE ISLAND 6. SIC CODE 9837

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
**Adult Entertainment**

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Andrew Noyes VICE PRESIDENT NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_  
CITY 157-Lake Drive STATE RI ZIP CODE 02815 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
SECRETARY NAME Glocester, TREASURER NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME \_\_\_\_\_ DIRECTOR NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DIRECTOR NAME \_\_\_\_\_ DIRECTOR NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600 SHS	NO PAR VAL		none		

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: 3/7/96  
Check No: 8951  
By: CP

Andrew Noyes  
Signature of Officer

**ANDREW NOYES**  
Print or Type Name of Officer

**PRESIDENT**  
Title of Officer

2-27-96  
Date



*CP# 7150*  
*7/17/94*

**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.**

Corporate ID: 0057721 Annual Report for the year: 1995

Name of Corporation: AAK, INC.

Business entity organized under the laws of the State of: Rhode Island  
 For foreign entity, address and telephone number of principal office:  
 Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )  
 Brief statement of the character of business conducted in Rhode Island:  
Adult entertainment

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
34 Hamlet Avenue  
Woonsocket, RI 02895

Phone: (401) 765-0200

**THE NAMES OF THE OFFICERS ARE:**

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>Andrew Noyes</u>	<u>157 Lake Drive</u>	<u>Glocester, RI</u>	<u>02815</u>
VICE PRESIDENT <u>//</u>	<u>//</u>	<u>//</u>	<u>//</u>
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>SAME AS ABOVE</u>			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

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
<u>600</u>	<u>common</u>		

Date 12-27, 19 94

By: Andrew Noyes  
**ANDREW NOYES**  
 PRESIDENT  
 TITLE OF OFFICER SIGNING

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

STEVEN J. PETERSON  
 34 HAMLET AVENUE  
 WOONSOCKET RI 02895

*mmc*

Filing Fee \$50.00  
Payable to  
Secretary of State

PLEASE TYPE or PRINT  
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

6016  
1994  
File Annually  
LLC Sep. 1 - Nov. 1  
CORP. Jan. 1 - March 1

Corporate ID: 0007721 Annual Report for the year: 1994

Name of Business Entity: BAR, INC.

Business entity organized under the laws of the State of Rhode Island

Business Entity is (check one)

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Federal Taxpayer Identification Number: [REDACTED]

Name, title and mailing address of contact person to whom communications may be directed:

For foreign entity, address and telephone number of principal office:

FONTAINE & CROLL, LTD.  
34 Hamlet Avenue  
Woonsocket, RI 02895

Phone: \_\_\_\_\_

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

Brief statement of the character of business conducted in Rhode Island  
Adult entertainment

34 Hamlet Avenue  
Woonsocket, RI 02895

Date of Organization: 10/4/89

Phone: (401) 765-0200

Date of Qualification to do business in Rhode Island (if foreign entity)  
10/4/89

THE NAMES OF THE OFFICERS ARE:

CHIEF EXECUTIVE OFFICER OR  PRESIDENT (Check one)  
NAME: ANDREW NOYES STREET ADDRESS: 157 Lake Drive, Gloucester, RI 02815 CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 CHIEF OPERATING OFFICER OR  VICE PRESIDENT (Check one)  
NAME: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 CUSTODIAN OF RECORDS OR  SECRETARY (Check one)  
NAME: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 CHIEF FINANCIAL OFFICER OR  TREASURER (Check one)  
NAME: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

THE NAMES OF THE DIRECTORS ARE:

NAME: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
NAME: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
NAME: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	CLASS	NUMBER	CLASS
600	Common		

Date: MARCH - 31 - 19 94 By: Andrew Noyes

ANDREW NOYES  
PRINT OR TYPE NAME OF OFFICER SIGNING  
President  
TITLE OF OFFICER SIGNING

Form 31 - 1994  
DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

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.

STEVEN J. PETERSON  
34 HAMLET AVENUE  
WOONSOCKET RI 02895

**FILED**  
APR 14 1994  
By: [Signature]

Filing Fee \$50.00

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 0057721 Annual Report for the year 1991

FIRST: The name of the corporation is AAK, INC.

SECOND: It is incorporated under the laws of STATE OF R.I.

THIRD: Character of business, briefly stated, is BAR

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 579 Front St Woonsocket

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Andrew Noyes</u>	<u>Director</u>	<u>15 PROSPECT ST. Bellingham MA 02019</u>
<u>"</u>	<u>Director</u>	<u>"</u>
<u>"</u>	<u>Director</u>	<u>"</u>
<u>"</u>	<u>President</u>	<u>"</u>
<u>"</u>	<u>Vice President</u>	<u>"</u>
<u>"</u>	<u>Secretary</u>	<u>"</u>
<u>"</u>	<u>Treasurer</u>	<u>"</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>N/A Common</u>		

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

PAID  
APR 17 1991  
SECY OF STATE

Dated 4-16 19 91

A.A.K. INC.  
(Name of Corporation)

By Andrew Noyes

Title PRESIDENT

(Report must be signed by an officer)

Filing Fee \$50.00

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

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SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>ANDREW NOYES</u>	<u>Director</u>	<u>15 PROSPECT ST Bellingham MA</u>
<u>"</u>	<u>Director</u>	<u>" 02019</u>
<u>"</u>	<u>Director</u>	<u>"</u>
<u>"</u>	<u>President</u>	<u>"</u>
<u>"</u>	<u>Vice President</u>	<u>"</u>
<u>"</u>	<u>Secretary</u>	<u>"</u>
<u>"</u>	<u>Treasurer</u>	<u>"</u>

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No. of Shares	Class	Series	Par Value or statement that shares are without par value
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EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Dated 4-16 19 91 AAK INC.  
(Name of Corporation)

By Andrew Noyes  
Title PRESIDENT

(Report must be signed by an officer)