



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 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 5322		2. Name of Corporation CROSTOWN PRESS, INC.			
3. Street Address Principal Business Office 829 PARK AVENUE			City CRANSTON	State RI	Zip 02920-
4. Business Phone No. 4019414061		5. State of Incorporation RHODE ISLAND			6. SIC Code 851

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

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

President Name STEVEN H. LEVY			Vice President Name MIRIAM LEVY		
Street Address 829 PARK AVENUE			Street Address 829 PARK AVENUE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name MIRIAM LEVY			Treasurer Name BERNARD LEVY		
Street Address 829 PARK AVENUE			Street Address 829 PARK AVENUE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920

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

Director Name MIRIAM LEVY			Director Name BERNARD LEVY		
Street Address 829 PARK AVENUE			Street Address 829 PARK AVENUE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

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

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

Number of Shares	Class/Series	Par Value
600	COMMON	NONE

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



5 3 2 2

\*5322 DBC 08/23/05 01:07:31 PM\*

File Date 9/14/05

Check No. 6431

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] Date 3-1-05

Signature of Officer  
STEVEN H. LEVY  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



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

Matthew A. Brown, Secretary of State  
Corporations Division  
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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 IN BLACK)

1. Corporate ID No. 5322		2. Name of Corporation CROSTOWN PRESS, INC.			
3. Street Address Principal Business Office 829 PARK AVENUE			City CRANSTON	State RI	Zip 02920-
4. Business Phone No. 4019414061		5. State of Incorporation RHODE ISLAND			6. SIC Code 851
7. Brief Description of the Character of Business Conducted in Rhode Island PRINTING BUSINESS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STEVEN H. LEVY		Vice President Name MIRIAM LEVY			
Street Address 829 PARK AVENUE		Street Address 829 PARK AVENUE			
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name MIRIAM LEVY		Treasurer Name BERNARD LEVY			
Street Address 829 PARK AVENUE		Street Address 829 PARK AVENUE			
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MIRIAM LEVY		Director Name BERNARD LEVY			
Street Address 829 PARK AVENUE		Street Address 829 PARK AVENUE			
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
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
600	NO PAR VALUE		600	COMMON	NONE

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



5 3 2 2

\*5322 DBC 01/05/04 04:07:24 PM\*

File Date 3/19/04

Check No. 4121

By: SC

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.

Steven H. Levy \_\_\_\_\_  
Signature of Officer Date

Steven H. Levy  
Print or Type Name of Officer

President  
Title of Officer



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 2003**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *5322*		2. Name of Corporation CROSTOWN PRESS, INC.			
3. Street Address Principal Business Office 829 PARK AVENUE			City CRANSTON	State RI	Zip 02920-
4. Business Phone No. 4019414061		5. State of Incorporation RHODE ISLAND			6. SIC Code 851

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

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

President Name STEVEN H. LEVY			Vice President Name MIRIAM LEVY		
Street Address 829 PARK AVENUE			Street Address 829 PARK AVENUE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name MIRIAM LEVY			Treasurer Name BERNARD LEVY		
Street Address 829 PARK AVENUE			Street Address 829 PARK AVENUE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920

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

Director Name MIRIAM LEVY			Director Name BERNARD LEVY		
Street Address 829 PARK AVENUE			Street Address 829 PARK AVENUE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
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	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	NO PAR VALUE		600	COMMON	NONE

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



\*\*5322\* 2/12/03 4:57:04 PM\*

File Date 4-23-03

Check No. 2754

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]  
Signature of Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name of Officer

\_\_\_\_\_  
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. **5322** 2. Name of Corporation **CROSTOWN PRESS, INC.**  
3. Street Address Principal Business Office **829 Park Avenue** City **Cranston** State **RI** Zip **02920**  
4. Business Phone No. **401-941-4061** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **851**

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

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

President Name <b>Steven H. Levy</b>	Vice President Name <b>Miriam Levy</b>
Street Address <b>829 Park Avenue</b>	Street Address <b>829 Park Avenue</b>
City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>
Secretary Name <b>Miriam Levy</b>	Treasurer Name <b>Bernard Levy</b>
Street Address <b>829 Park Avenue</b>	Street Address <b>829 Park Avenue</b>
City <b>cranston</b> State <b>RI</b> Zip <b>02920</b>	City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>

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

Director Name <b>Miriam Levy</b>	Director Name <b>Bernard Levy</b>
Street Address <b>829 Park Avenue</b>	Street Address <b>829 Park Avenue</b>
City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	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  
**600 COMMON none**

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



\* 5 3 2 2 \*

File Date: 2-27-02  
Check No.: 1101  
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: [Signature] Date: 2/26/02  
Print or Type Name of Officer: Steven H. Levy  
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. **5322** 2. Name of Corporation **CROSTOWN PRESS, INC.**  
 3. Street Address Principal Business Office **829 Park Avenue** City **Cranston** State **RI** Zip **02920**  
 4. Business Phone No. **401-941-4061** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **851**  
 7. Brief Description of the Character of Business Conducted in Rhode Island  
**Printing Business**

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

President Name <b>Steven H. Levy</b>			Vice President Name <b>Miriam Levy</b>		
Street Address <b>829 Park Avenue</b>			Street Address <b>829 Park Avenue</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Secretary Name <b>Miriam Levy</b>			Treasurer Name <b>Bernard Levy</b>		
Street Address <b>829 Park Avenue</b>			Street Address <b>829 Park Avenue</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>

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

Director Name <b>Miriam Levy</b>			Director Name <b>Bernard Levy</b>		
Street Address <b>829 Park Avenue</b>			Street Address <b>829 Park Avenue</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
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
<b>600 NO PAR VAL</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>600</b>	<b>common</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 3 2 2 \*

File Date: 8/9/01  
 Check No.: 7157  
 By: CSA

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 of Officer: Steven H Levy Date: \_\_\_\_\_  
 Print or Type Name of Officer: Steven H Levy  
 Title of Officer: President

CROSSTOWN PRESS, INC.

MINUTES OF THE ANNUAL MEETING OF THE DIRECTORS

An annual meeting of the Directors of CROSSTOWN PRESS, INC., was called to order at the office of the corporation on the 3rd day of January, 2001, for the purpose of electing officers for the corporation and transacting any other business that may properly come before said meeting.

It appeared that the Directors were present and had signed a waiver of notice of this meeting, which is annexed hereto.

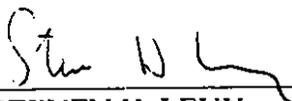
Upon motion duly made, it was unanimously

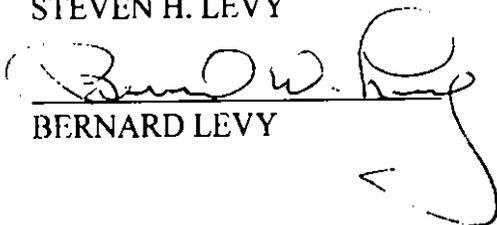
VOTED: That the following persons are hereby elected to hold offices of the corporation set forth opposite their respective names below until their respective successors shall have been elected and qualified:

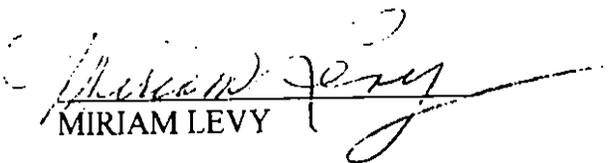
President	Steven H. Levy
Vice President	Miriam Levy
Treasurer	Bernard Levy
Secretary	Miriam Levy

VOTED: That all the activities for and on behalf of the corporation by its respective directors and/or officers are hereby ratified and confirmed.

VOTED: To adjourn.

  
STEVEN H. LEVY

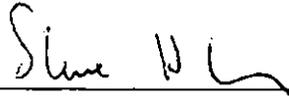
  
BERNARD LEVY

  
MIRIAM LEVY

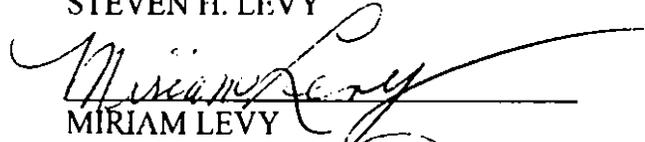
CROSSTOWN PRESS, INC.

WAIVER OF NOTICE

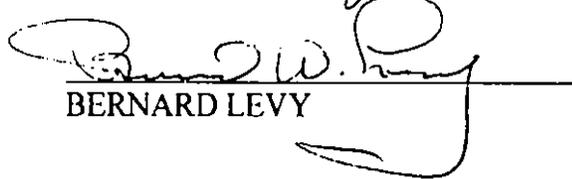
The undersigned, being the Directors of CROSSTOWN PRESS, INC., hereby waives notice of the annual meeting of the Directors to be held at the office of the corporation on the 3rd day of January, 2001, for the purpose of electing officers for the corporation and transacting any other business that may properly come before said meeting.



\_\_\_\_\_  
STEVEN H. LEVY



\_\_\_\_\_  
MIRIAM LEVY



\_\_\_\_\_  
BERNARD LEVY

CROSSTOWN PRESS, INC.

MINUTES OF THE ANNUAL MEETING OF THE SHAREHOLDERS

An annual meeting of the shareholders of CROSSTOWN PRESS, INC., was called to order at the office of the corporation on the 3rd day of January, 2001, for the purpose of electing the Officers for the corporation and transacting any other business that may properly come before said meeting.

It appeared that the shareholders were present and had signed a waiver of notice of this meeting, which is annexed hereto.

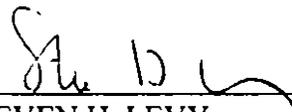
Upon motion duly made, it was unanimously

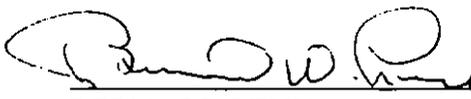
VOTED: That the following are hereby elected to be the Officers of the corporation:

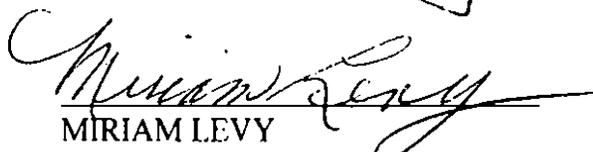
Director	Steven H. Levy
Director	Bernard Levy
Director	Miriam Levy

VOTED: That all the activities for and on behalf of the corporation by its respective shareholders and/or officers are hereby ratified and confirmed.

VOTED: To adjourn.

  
\_\_\_\_\_  
STEVEN H. LEVY

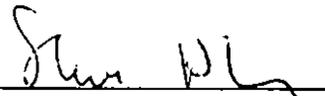
  
\_\_\_\_\_  
BERNARD LEVY

  
\_\_\_\_\_  
MIRIAM LEVY

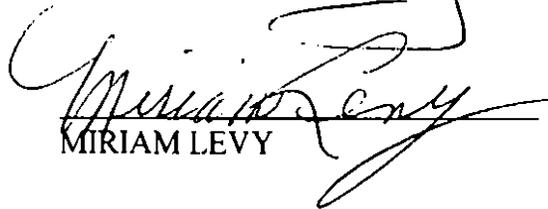
CROSSTOWN PRESS, INC.

WAIVER OF NOTICE

The undersigned, being the shareholders of CROSSTOWN PRESS, INC., hereby waives notice of the annual meeting of the shareholders to be held at the office of the corporation on the 3rd day of January, 2001, for the purpose of electing the Officers for the corporation and transacting any other business that may properly come before said meeting.

  
\_\_\_\_\_  
STEVEN H. LEVY

  
\_\_\_\_\_  
BERNARD LEVY

  
\_\_\_\_\_  
MIRIAM LEVY



**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. **5322** 2. Name of Corporation **CROSTOWN PRESS, INC.**

3. Street Address Principal Business Office **829 Park Avenue** City **Cranston** State **RI** Zip **02920**  
4. Business Phone No. **401-941-4061** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **851**

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

**Printing Business**

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

<i>President Name</i> <b>Steven H. Levy</b> <i>Street Address</i> <b>829 Park Avenue</b> <i>City</i> <b>Cranston</b> <i>State</i> <b>RI</b> <i>Zip</i> <b>02920</b>	<i>Vice President Name</i> <b>Miriam Levy</b> <i>Street Address</i> <b>829 Park Avenue</b> <i>City</i> <b>Cranston</b> <i>State</i> <b>RI</b> <i>Zip</i> <b>02920</b>
<i>Secretary Name</i> <b>Miriam Levy</b> <i>Street Address</i> <b>829 Park Avenue</b> <i>City</i> <b>Cranston</b> <i>State</i> <b>RI</b> <i>Zip</i> <b>02920</b>	<i>Treasurer Name</i> <b>Bernard Levy</b> <i>Street Address</i> <b>829 Park Avenue</b> <i>City</i> <b>Cranston</b> <i>State</i> <b>RI</b> <i>Zip</i> <b>02920</b>

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

<i>Director Name</i> <b>Miraim Levy</b> <i>Street Address</i> <b>829 Park Avenue</b> <i>City</i> <b>Cranston</b> <i>State</i> <b>RI</b> <i>Zip</i> <b>02920</b>	<i>Director Name</i> <b>Bernard Levy</b> <i>Street Address</i> <b>829 Park Avenue</b> <i>City</i> <b>Cranston</b> <i>State</i> <b>RI</b> <i>Zip</i> <b>02920</b>
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**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

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

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>600</b>	<b>common</b>	<b>none</b>

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



File Date: 4/18/00  
Check No.: 5136  
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] Date 3/10/00  
*Signature of Officer*  
**STEVEN H. LEVY**  
*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. **5322**      2. Name of Corporation **CROSTOWN PRESS, INC.**

3. Street Address Principal Business Office      City      State      Zip  
**829 Park Avenue**      **Cranston**      **RI**      **02910**

4. Business Phone No.      5. State of Incorporation  
**401-941-4061**      **RHODE ISLAND**

6. SIC Code  
**851**

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

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

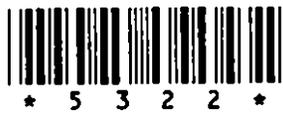
President Name <b>Steven H. Levy</b> Street Address <b>829 Park Avenue</b> City      State      Zip <b>Cranston      RI      02910</b>	Vice President Name <b>Miriam Levy</b> Street Address <b>829 Park Avenue</b> City      State      Zip <b>Cranston      RI      02910</b>
Secretary Name <b>Miriam Levy</b> Street Address <b>829 Park Avenue</b> City      State      Zip <b>Cranston      RI      02910</b>	Treasurer Name <b>Bernard Levy</b> Street Address <b>829 Park Avenue</b> City      State      Zip <b>Cranston      RI      02910</b>

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

Director Name <b>Miriam Levy</b> Street Address <b>829 Park Avenue</b> City      State      Zip <b>Cranston      RI      02910</b>	Director Name <b>Bernard Levy</b> Street Address <b>829 Park Avenue</b> City      State      Zip <b>Cranston      RI      02910</b>
---	--

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares      Class/Series      Par Value <b>600 NO PAR VAL</b>	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ISSUED SHARES Number of Shares      Class/Series      Par Value <b>600      common      none</b>
---	--

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



File Date: 5-6-99  
Check No.: 1867  
By: AMF

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.

Steven H. Levy      5/3/99  
Signature of Officer      Date

Steven H. Levy  
Print or Type Name of Officer

President  
Title of Officer



**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. **5322** 2. Name of Corporation **CROSTOWN PRESS, INC.**  
3. Street Address Principal Business Office City State Zip  
**829 Park Avenue Cranston RI 02910**  
4. Business Phone No. 5. State of Incorporation 6. SIC Code  
**401-941-4061 RHODE ISLAND 0851**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Printing business**

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

President Name <b>Steven H. Levy</b> Street Address <b>829 Park Avenue</b> City State Zip <b>Cranston RI 02910</b>	Vice President Name <b>Miriam Levy</b> Street Address <b>829 Park Avenue</b> City State Zip <b>Cranston RI 02910</b>
Secretary Name <b>Miriam Levy</b> Street Address <b>829 Park Avenue</b> City State Zip <b>Cranston RI 02910</b>	Treasurer Name <b>Bernard Levy</b> Street Address <b>829 Park Avenue</b> City State Zip <b>Cranston RI 02910</b>

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

Director Name <b>Miriam Levy</b> Street Address <b>829 Park Avenue</b> City State Zip <b>Cranston RI 02910</b>	Director Name <b>Bernard Levy</b> Street Address <b>829 Park Avenue</b> City State Zip <b>Cranston RI 02910</b>
---	--

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

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

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

ISSUED SHARES	Class/Series	Par Value
<b>600</b>	<b>common</b>	<b>none</b>

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



File Date: 4-13-98

Check No.: 1439

By: AMF

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 of Officer Steven H. Levy Date 2/26/98

Print or Type Name of Officer Steven H. Levy

Title of Officer President



**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. **5322** 2. Name of Corporation **CROSTOWN PRESS, INC.**

3. Street Address Principal Business Office **829 Park Avenue** City **Cranston** State **RI** Zip **02910**

4. Business Phone No. **401 941 4061** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0851**

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

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

<b>President Name</b>				<b>Vice President Name</b>			
Steven H. Levy				Miriam Levy			
<b>Street Address</b>				<b>Street Address</b>			
829 Park Avenue				829 Park Avenue			
<b>City</b>	<b>State</b>	<b>Zip</b>		<b>City</b>	<b>State</b>	<b>Zip</b>	
Cranston	RI	02910		Cranston	RI	02910	
<b>Secretary Name</b>				<b>Treasurer Name</b>			
Miriam Levy				Bernard Levy			
<b>Street Address</b>				<b>Street Address</b>			
829 Park Avenue				829 Park Avenue			
<b>City</b>	<b>State</b>	<b>Zip</b>		<b>City</b>	<b>State</b>	<b>Zip</b>	
Cranston	RI	02910		Cranston	RI	02910	

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

<b>Director Name</b>				<b>Director Name</b>			
Miriam Levy				Bernard Levy			
<b>Street Address</b>				<b>Street Address</b>			
829 Park Avenue				829 Park Avenue			
<b>City</b>	<b>State</b>	<b>Zip</b>		<b>City</b>	<b>State</b>	<b>Zip</b>	
Cranston	RI	02910		Cranston	RI	02910	
<b>Director Name</b>				<b>Director Name</b>			
<b>Street Address</b>				<b>Street Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>		<b>City</b>	<b>State</b>	<b>Zip</b>	

**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
600	NO PAR VAL		600	common	none

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



File Date: 3.12.97  
Check No.: 1060  
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 of Officer: [Signature] Date: 1/29/97  
Print or Type Name of Officer: Steven H. Levy  
Title of Officer: President

**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. 5322 2. NAME OF CORPORATION CROSTOWN PRESS, INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 829 Park Avenue CITY Cranston STATE RI ZIP CODE 02910

4. BUSINESS PHONE NO. (401) 941-4061 5. STATE OF INCORPORATION RHODE ISLAND 6. SIC CODE 8051

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
printing business

**8. NAMES AND ADDRESSES OF THE OFFICERS**

PRESIDENT NAME Steven H. Levy			VICE PRESIDENT NAME Miriam Levy		
STREET ADDRESS 829 Park Avenue			STREET ADDRESS 829 Park Avenue		
CITY Cranston	STATE RI	ZIP CODE 02910	CITY Cranston	STATE RI	ZIP CODE 02910
SECRETARY NAME Miriam Levy			TREASURER NAME Bernard Levy		
STREET ADDRESS 829 Park Avenue			STREET ADDRESS 829 Park Avenue		
CITY Cranston	STATE RI	ZIP CODE 02910	CITY Cranston	STATE RI	ZIP CODE 02910

**9. NAMES AND ADDRESSES OF THE DIRECTORS**

DIRECTOR NAME Miriam Levy			DIRECTOR NAME Bernard Levy		
STREET ADDRESS 829 Park Avenue			STREET ADDRESS 829 Park Ave		
CITY Cranston	STATE RI	ZIP CODE 02910	CITY Cranston	STATE RI	ZIP CODE 02910
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	NO PAR VAL		600	common	no par value

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:

3-8-96  
3002

Check No:

By:

100/UP

For Secretary of State Use Only

Signature of Officer

*Steven H. Levy*

STEVEN H. LEVY  
Print or Type Name of Officer

President  
Title of Officer

3/8/96  
Date

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

Corporate ID: 0005322 Annual Report for the year: 1995

Name of Corporation: CROESTOWN PRESS, 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: ( ) \_\_\_\_\_  
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
95 Chestnut Street  
Providence, RI 02903  
 Phone: ( 401 ) 351-5700  
 Brief statement of the character of business conducted in Rhode Island:  
printing business

**THE NAMES OF THE OFFICERS ARE:**

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT Steven H. Levy	829 Park Avenue	Cranston, RI	02910
VICE PRESIDENT Miriam Levy	829 Park Avenue	Cranston, RI	02910
SECRETARY Miriam Levy	829 Park Avenue	Cranston, RI	02910
TREASURER Bernard Levy	829 Park Avenue	Cranston, RI	02910

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Miriam Levy	829 Park Avenue	Cranston, RI	02910
Bernard Levy	829 Park Avenue	Cranston, RI	02910

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
600	common	600	common

Date: March 8, 1995  
 By: Steven H. Levy CROSS TOWN PRESS, INC.  
 PRINT OR TYPE NAME OF OFFICER SIGNING: Steven H. Levy  
 TITLE OF OFFICER SIGNING: President

**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.

ROBERT P. VERRI, ESQ  
 95 CHESTNUT STREET  
 PROVIDENCE RI 02903

PAID  
 JUN 08 1995  
 TP 9962

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

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

Corporate ID: 0005522 Annual Report for the year: 1994

Name of Business Entity: CROSSTOWN PRESS, INC.

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

Federal Taxpayer Identification Number: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_

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

95 Chestnut St  
Providence, Ri 02903

Phone: (401) 351-5700

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)

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

Robert P. Verri, Esq.  
ABRAMS & VERRI  
95 Chestnut ST.  
Providence, RI 02903

Brief statement of the character of business conducted in Rhode Island:

printing business

Date of Organization: 6/14/84 (cca)

Date of Qualification to do business in Rhode Island (if foreign entity): \_\_\_\_\_

THE NAMES OF THE OFFICERS ARE:

<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Steven H. Levy</u>	<u>829 Park Ave.</u>	<u>Cranston, RI</u>	<u>02910</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	STREET ADDRESS <td>CITY/STATE <td>ZIP CODE</td> </td>	CITY/STATE <td>ZIP CODE</td>	ZIP CODE
<u>Miriam Levy</u>	<u>829 Park Ave.</u>	<u>Cranston, RI</u>	<u>02910</u>
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)	STREET ADDRESS <td>CITY/STATE <td>ZIP CODE</td> </td>	CITY/STATE <td>ZIP CODE</td>	ZIP CODE
<u>Miriam Levy</u>	<u>829 Park Ave.</u>	<u>Cranston, RI</u>	<u>02910</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	STREET ADDRESS <td>CITY/STATE <td>ZIP CODE</td> </td>	CITY/STATE <td>ZIP CODE</td>	ZIP CODE
<u>Bernard Levy</u>	<u>829 Park Ave.</u>	<u>Cranston, RI</u>	<u>02910</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Miriam Levy</u>	<u>829 Park Ave.</u>	<u>Cranston, RI</u>	<u>02910</u>
<u>Bernard Levy</u>	<u>829 Park Ave.</u>	<u>Cranston, RI</u>	<u>02910</u>

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER <u>600</u>	NUMBER <u>600</u>
CLASS <u>Common</u>	CLASS <u>Common</u>
SERIES	SERIES
PAR VALUE OR WITHOUT PAR <u>without par value</u>	PAR VALUE OR WITHOUT PAR <u>without par value</u>

Date Mar 30, 19 94

By: CROSSTOWN PRESS, INC.

**FILED**

MAR 31 1994

By cca 7507

Steven H. Levy  
PRINT OR TYPE NAME OF OFFICER SIGNING  
President  
TITLE OF OFFICER SIGNING

Form 31 1/94

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.

ROBERT P. VERRI, ESQ  
95 CHESTNUT STREET  
PROVIDENCE RI 02903

Filing Fee \$50.00

65577B

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 5322

Annual Report for the year 1993

FIRST: The name of the corporation is CROSSTOWN PRESS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is printing business

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 95 Chestnut St., Providence, RI 02903

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

President

Vice President

Secretary

Treasurer

Steven H. Levy

Miriam Levy

Miriam Levy

Bernard Levy

829 Park Ave., Cranston, RI 02910

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

600

Common

without par  
value

MAY 28 1993

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

600

Common

without par  
value

Dated 5-13 1993

CROSSTOWN PRESS, INC.

(Name of Corporation)

By Steven H. Levy

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 5322 Annual Report for the year 1992

FIRST: The name of the corporation is CROSSTOWN PRESS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is printing business

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 95 Chestnut St., Providence, RI 02903

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

Table with 3 columns: Name, Office, Address (including number, street, zip code). Rows include Steven H. Levy (President), Miriam Levy (Vice President), Miriam Levy (Secretary), and Bernard Levy (Treasurer), all with address 829 Park Ave., Cranston, RI 02910.

SEVENTH: Number of Shares authorized:

Table with 4 columns: No. of Shares, Class, Series, Par Value or statement that shares are without par value. Row: 600, Common, PAID --, Without par value.

EIGHTH: Number of Shares issued:

Table with 4 columns: No. of Shares, Class, Series, Par Value or statement that shares are without par value. Row: 600, Common, --, Without par value.

Dated 5-7 1992

CROSSTOWN PRESS, INC.

(Name of Corporation)

By Steve D. Levy

Title President

(Report must be signed by an officer)

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

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 5322

Annual Report for the year 1991

FIRST: The name of the corporation is CROSTOWN PRESS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is printing business

FOURTH: If foreign corporation, address of its principal office \_\_\_\_\_

FIFTH: Business address in Rhode Island 95 Chestnut St., Providence, RI 02903

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

Name

Office

Address (including number, street, zip code)

Name	Office	Address (including number, street, zip code)
_____	Director	_____
_____	Director	_____
_____	Director	_____
Steven H. Levv	President	829 Park Ave., Cranston, RI
Miriam Levv	Vice President	829 Park Ave., Cranston, RI
Miriam Levv	Secretary	829 Park Ave., Cranston, RI
Bernard Levv	Treasurer	829 Park Ave., Cranston, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series
600	Common	

Par Value  
or statement that  
shares are without  
par value

Without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series
600	Common	

Par Value  
or statement that  
shares are without  
par value

Without par value

Dated JANUARY 1<sup>st</sup> 1991

CROSTOWN PRESS, INC.

(Name of Corporation)

By [Signature]

Title [Signature]

(Report must be signed by an officer)

FILED  
MAY 16 1991  
SECY OF STATE

Filing Fee \$15.00

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

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

AT

Corporate ID 5322 Annual Report for the year 1990

FIRST: The name of the corporation is CROSSTOWN PRESS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is printing business

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 95 Chestnut Street, Providence, RI 02903

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

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
Steven H. Levy	President	829 Park Ave., Cranston, RI
Miriam Levy	Vice President	829 Park Ave., Cranston, RI
Miriam Levy	Secretary	829 Park Ave., Cranston, RI
Bernard Levy	Treasurer	829 Park Ave., Cranston, RI

SEVENTH: Number of Shares authorized:

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

PAID

EIGHTH: Number of Shares issued:

MAY 17 1990

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

Dated..... 19 .....

CROSSTOWN PRESS, INC.  
(Name of Corporation)

By Steven H. Levy

(Report must be signed by an officer)

Title.....

Filing Fee \$15.00

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

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID ..... 5322 ..... Annual Report for the year 1989

FIRST: The name of the corporation is ..... CROSSTOWN PRESS, INC. ....

SECOND: It is incorporated under the laws of ..... Rhode Island .....

THIRD: Character of business, briefly stated, is .....  
printing business. ....

FOURTH: If foreign corporation, address of its principal office .....

FIFTH: Business address in Rhode Island 95 Chestnut Street, Providence, RI 02903

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Steven H. Levy	President	829 Park Ave., Cranston, RI
Miriam Levy	Vice President	829 Park Ave., Cranston, RI
Miriam Levy	Secretary	829 Park Ave., Cranston, RI
Bernard Levy	Treasurer	829 Park Ave., Cranston, RI

SEVENTH: Number of Shares authorized:

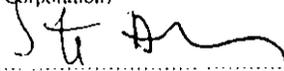
No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	--	Without Par Value

EIGHTH: Number of Shares issued:

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

Dated ..... 19 ..... CROSSTOWN PRESS, INC.

(Name of Corporation)

By  .....

Title .....

(Report must be signed by an officer)

Filing Fee \$15.00

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

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 5322 Annual Report for the year 1988

FIRST: The name of the corporation is CROSSTOWN PRESS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is printing business

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 95 Chestnut St., Providence, RI 02903

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

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
Steven H. Levy	President	829 Park Ave., Cranston, RI
Miriam Levy	Vice President	829 Park Ave., Cranston, RI
Miriam Levy	Secretary	829 Park Ave., Cranston, RI
Bernard Levy	Treasurer	829 Park Ave., Cranston, RI

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

**PAID**  
APR 19 1988  
SECY. OF STATE

Dated Apr 7, 19 88

CROSSTOWN PRESS, INC.  
(Name of Corporation)

By Steven H. Levy  
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 5322 Annual Report for the year 1987

FIRST: The name of the corporation is CROSSTOWN PRESS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is printing business

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 95 Chestnut St., Providence, RI 02903

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Steven H. Levy	President	829 Park Ave., Cranston, RI
Miriam Levy	Vice President	829 Park Ave., Cranston, RI
Miriam Levy	Secretary	829 Park Ave., Cranston, RI
Bernard Levy	Treasurer	829 Park Ave., Cranston, RI

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

Dated 4/1/87 19 87 CROSSTOWN PRESS, INC.  
(Name of Corporation)

By Steven H. Levy  
Title President

(Report must be signed by an officer)

APR 23 1987  
04/10/87 PAID  
0035A001  
AMRE  
15:00

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**

I.D. #5322

Annual Report for the year 1986

FIRST: The name of the corporation is

CROSTOWN PRESS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is

Printing business

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

95 Chestnut Street, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Steven H. Levy	President	829 Park Ave., Cranston, RI
Miriam Levy	Vice President	829 Park Ave., Cranston, RI
Miriam Levy	Secretary	829 Park Ave., Cranston, RI
Bernard Levy	Treasurer	829 Park Ave., Cranston, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

Dated: 1-6 19 86

CROSTOWN PRESS, INC.  
(Name of Corporation)

By *Steven H. Levy*  
Steven H. Levy  
Title President

(Report must be signed by an officer)

JUN 1 1986

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

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

5322

Annual Report for the year 1985

FIRST: The name of the corporation is  
CROSTOWN PRESS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is  
Printing business

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island  
95 Chestnut St., Providence, RI 02903

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Steven H. Levy	President	829 Park Ave., Cranston, RI
Miriam Levy	Vice President	829 Park Ave., Cranston, RI
Miriam Levy	Secretary	829 Park Ave., Cranston, RI
Bernard Levy	Treasurer	829 Park Ave., Cranston, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

Dated: February 7, 1985

CROSTOWN PRESS, INC.  
(Name of Corporation)

By: Steven H. Levy  
Title: President

(Report must be signed by an officer)

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