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 OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
112624	Tailor Made Promotional Products, Inc.			
3. Street Address Principal Business Office: One Clausson Court	City: East Greenwich	State: RI	Zip: 02818	
4. Business Phone No.	5. State of Incorporation: RHODE ISLAND		6. SIC Code: 1883	

7. Brief Description of the Character of Business Conducted in Rhode Island:
TO PROVIDE MARKETING AND CONSULTING SERVICES, ALSO THE MANUFACTURE, SALE AND DISTRIBUTION OF PROMOTIONAL PRODUCTS OF ALL KINDS

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

President Name	Vice President Name
Vincent Lamoriello	Vincent Lamoriello
Street Address: One Clausson Court	Street Address: Same
City: East Greenwich / State: RI / Zip: 02818	City / State / Zip
Secretary Name: Vincent Lamoriello	Treasurer Name: Vincent Lamoriello
Street Address: Same	Street Address: Same
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
Vincent Lamoriello	
Street Address: Same	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)* ☐ 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*
1,000	$1.00 PAR VALUE		100	Common	$1.00 Par Value

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

[redacted]

[redacted]

FILED
File Date APR 06 2005
Check No. 25M
By
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Vincent Lamoriello 3-17-05
Signature of Officer *Date*

President Vincent Lamoriello
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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
112624	Tailor Made Promotional Products, Inc.			
3. Street Address Principal Business Office		City	State	Zip
One Clausson Court		East Greenwich	RI	02818
4. Business Phone No.	5. State of Incorporation			6. SIC Code
	RHODE ISLAND			1883

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE MARKETING AND CONSULTING SERVICES, ALSO THE MANUFACTURE, SALE AND DISTRIBUTION OF PROMOTIONAL PRODUCTS OF ALL KINDS

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

President Name	Vice President Name
Vincent Lamoriello	Vincent Lamoriello
Street Address: One Clausson Court	Street Address: Same
City: East Greenwich State: RI Zip: 02818	City / State / Zip
Secretary Name: Vincent Lamoriello	Treasurer Name: Vincent Lamoriello
Street Address: Same	Street Address: Same
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
Vincent Lamoriello	
Street Address: Same	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)* ☐ 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*
1,000	$1.00 PAR VALUE		100	Common	$1.00 Par Valu

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

[redacted]

* 1 1 2 6 2 4 *

File Date 4/12/04

Check No. 1393

By: CB

FOR SECRETARY OF STATE USE ONLY

[redacted]

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 *Date*

Vincent Lamoriello

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.	2. Name of Corporation
112624	Tailor Made Promotional Products, Inc.

3. Street Address Principal Business Office	City	State	Zip
205 Hallene Road, Suite 105	Warwick	RI	02885

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-738-7400	RHODE ISLAND	1883

7. Brief Description of the Character of Business Conducted in Rhode Island
To manufacture and distribute promotional products

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

President Name	Vice President Name
Vincent Lamoriello	Vincent Lamoriello
Street Address	Street Address
One Clausson Court	One Clausson Court
City / State / Zip	City / State / Zip
East Greenwich / RI / 02818	East Greenwich / RI / 02818
Secretary Name	Treasurer Name
Vincent Lamoriello	Vincent Lamoriello
Street Address	Street Address
One Clausson Court	One Clausson Court
City / State / Zip	City / State / Zip
East Greenwich / RI / 02818	East Greenwich / RI / 02818

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

Director Name	Director Name
Vincent Lamoriello	
Street Address	Street Address
One Clausson Court	
City / State / Zip	City / State / Zip
East Greenwich / RI / 02818	
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
1,000 $1.00 PAR VALUE			100	common	$1.00

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

[redacted]

112624 4/24/0310:20:37 AM*

File Date 3.17.03

Check No 10467

By Dc

FOR SECRETARY OF STATE USE ONLY

[redacted]

SIGN HERE

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.

Vincent Lamoriello 3/17/03

Signature of Officer *Date*

Vincent Lamoriello

Print or Type Name of Officer

President

Title of Officer

Form 630 12-01

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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

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. 112624

2. Name of Corporation Tailor Made Promotional Products, Inc.

3. Street Address Principal Business Office One Clausson Court

City East Greenwich *State* RI *Zip* 02818

4. Business Phone No.

5. State of Incorporation RHODE ISLAND

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
To provide marketing and consulting services

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

President Name Vincent Lamoriello
Street Address One Clausson Court
City East Greenwich *State* RI *Zip* 02818

Secretary Name Vincent Lamoriello
Street Address Same
City *State* *Zip*

Vice President Name Vincent Lamoriello
Street Address Same
City *State* *Zip*

Treasurer Name Vincent Lamoriello
Street Address Same
City *State* *Zip*

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

Director Name Vincent Lamoriello
Street Address Same
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000		$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	Common	$1.00 Par Valu

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

* 1 1 2 6 2 4 *

File Date: 3-18-02

Check No.: 4879

By: a

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.

Vincent Lamoriello
Signature of Officer *Date*

Vincent Lamoriello
Print or Type Name of Officer

President
Title of Officer

Form 630 12/01

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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 112624
2. Name of Corporation: Tailor Made Promotional Products, Inc.
3. Street Address Principal Business Office | City | State | Zip
4. Business Phone No.
5. State of Incorporation: RHODE ISLAND
6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island: MARKETING AND MANUFACTURING Promotional ITEMS SUCH AS: PINS, Buckles, Hats,

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

President Name: Vincent Lamoriello
Street Address: 1 Clauson Court
City: E. Greenwich State: RI Zip: 02818

Vice President Name: Vincent Lamoriello
Street Address: 1 Clauson Court
City: E. Greenwich State: RI Zip: 02818

Secretary Name: Vincent Lamoriello
Street Address: 1 Clauson Court
City: E. Greenwich State: RI Zip: 02818

Treasurer Name: Vincent Lamoriello
Street Address: 1 Clauson Court
City: E. Greenwich State: RI Zip: 028186

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

Director Name: Vincent Lamoriello
Street Address: 1 Clauson Court
City: E. Greenwich State: RI Zip: 02818

Director Name: None
Street Address:
City: State: Zip:

Director Name: None
Street Address:
City: State: Zip:

Director Name: None
Street Address:
City: State: Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	$1.00 PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	$1.00 par value	

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

112624

File Date: 3-30-01

Check No.: 1538

By: Dr

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.

Vincent Lamoriello 2/15/2001
Signature of Officer *Date*

Vincent Lamoriello
Print or Type Name of Officer

President
Title of Officer