



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
101.222.3030

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)

Form with sections for: 1. Corporate ID No (64225), 2. Name of Corporation (WORLD STORE, LTD.), 3. Street Address (16 West Main Street), 4. Business Phone No ((401) 295-0081), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (4630), 7. Brief Description of the Character of Business (RETAIL SALES), 8. NAMES AND ADDRESSES OF THE OFFICERS (Dale Grogan, N/A), 9. NAMES AND ADDRESSES OF THE DIRECTORS (Dale Grogan, N/A), 10. SHARES AUTHORIZED (100 NO PAR VALUE), 11. SHARES ISSUED (100 Shares No Par Value).

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



File Date: 9/1/05
Check No.: 8406
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.

Dale M. Grogan 03/01/05
Signature of Officer Date

Dale Grogan
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. 64225 | | 2. Name of Corporation WORLD STORE, LTD. | | | |
| 3. Street Address Principal Business Office 16 West Main Street | | | City Wickford | State RI | Zip 02852 |
| 4. Business Phone No. (401) 295-0081 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code 4630 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island RETAIL SALES | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Dale Grogan | | | Vice President Name N/A | | |
| Street Address 425 Shore Drive | | | Street Address | | |
| City N. Kingstown | State RI | Zip 02852 | 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Dale Grogan | | | Director Name N/A | | |
| Street Address 425 Shore Drive | | | Street Address | | |
| City N. Kingstown | State RI | Zip 02852 | 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"/> AUTHORIZED SHARES | | | | | |
| Number of Shares | | Class/Series | Par Value | | |
| 100 NO PAR VALUE | | | | | |
| 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES | | | | | |
| Number of Shares | | Class/Series | Par Value | | |
| 100 Shares No | | | | | |
| | | | Par Value | | |

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



* 6 4 2 2 5 *

FILED

SEP 16 2004

By KMC
C 44676

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.

Dale M. Grogan
Signature of Officer Date

Dale Grogan
Print or Type Name of Officer

President
Title of Officer

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY



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 **64225** 2. Name of Corporation **WORLD STORE, LTD.**
3. Street Address Principal Business Office **16 West Main Street** City **Wickford** State **RI** Zip **02852**
4. Business Phone No **(401)-295-0081** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4630**
7. Brief Description of the Character of Business Conducted in Rhode Island

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

President Name **Dale Grogan** Vice President Name **N/A**
Street Address **425 Shore Drive** Street Address
City **N. Kingstown** State **RI** Zip **02852** City State Zip
Secretary Name
Street Address
City State Zip

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

Director Name **Dale Grogan** Director Name **N/A**
Street Address **425 Shore Drive** Street Address
City **N. Kingstown** State **RI** Zip **02852** 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
100 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Shares No Par Value

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



* 6 4 2 2 5 *

File Date 9.22.03
Check No 6314
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.
Dale M. Grogan 3/31/03
Signature of Officer Date
Dale Grogan
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. **64225** 2. Name of Corporation **WORLD STORE, LTD.**
3. Street Address Principal Business Office **16 West Main Street** City **Wickford** State **RI** Zip **02852**
4. Business Phone No. **(401) 295-0081** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4630**

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

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

| | |
|---|---|
| President Name Dale Grogan Street Address 425 Shore Drive City N. Kingstown State RI Zip 02852 | Vice President Name N/A Street Address City State Zip |
| Secretary Name Street Address City State Zip | Treasurer Name Street Address City State Zip |

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

| | |
|--|---|
| Director Name Dale Grogan Street Address 425 Shore Drive City N. Kingstown State RI Zip 02852 | Director Name N/A 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
100 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Shares No Par Value

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



* 6 4 2 2 5 *

File Date: 5-29-02
Check No.: 5658
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.

Dale M. Grogan
Signature of Officer Date
Dale Grogan
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. **64225** 2. Name of Corporation **WORLD STORE, LTD.**
 3. Street Address Principal Business Office City State Zip
16 West Main Street Wickford RI 02852
 4. Business Phone No. (401) 295-0081 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4830**
 7. Brief Description of the Character of Business Conducted in Rhode Island
Retail Sales.

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

| | |
|--|-----------------------------------|
| President Name Dale Grogan | Vice President Name N/A |
| Street Address 425 Shore Drive | Street Address |
| City State Zip N. Kingstown RI 02852 | 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 Dale Grogan | Director Name N/A |
| Street Address 425 Shore Drive | Street Address |
| City State Zip N. Kingstown RI 02852 | 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
100 SHS NO PAR VAL

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

ISSUED SHARES
 Number of Shares Class/Series Par Value
100 SHARES NO PAR VALUE

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



* 6 4 2 2 5 *

File Date: 3/2
 Check No.: 5033
 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.

Dale M. Grogan 2/21/01
 Signature of Officer Date

DALE GROGAN
 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. **64225** 2. Name of Corporation **WORLD STORE, LTD.**
3. Street Address Principal Business Office **16 WEST MAIN STREET** City **WICKFORD** State **RI** Zip **02852**
4. Business Phone No. **(401) 295-0081** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4630**
7. Brief Description of the Character of Business Conducted in Rhode Island
RETAIL SALES

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

| | |
|--|-----------------------------------|
| President Name DALE GROGAN | Vice President Name N/A |
| Street Address 425 SHORE DRIVE | Street Address |
| City State Zip N. KINGSTOWN RI 02852 | 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 DALE GROGAN | Director Name N/A |
| Street Address 425 SHORE DRIVE | Street Address |
| City State Zip N. KINGSTOWN RI 02852 | 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 |
|---------------------------|--------------|-----------|
| 100 SHS NO PAR VAL | | |

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

| ISSUED SHARES | Class/Series | Par Value |
|---------------|--------------|-----------|
| 100 | | |

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



* 6 4 2 2 5 *

File Date: FEB 25 2000

Check No.: FEB 25 2000

By: Dale Mc-Grogan 4/5/00
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.

Dale Mc-Grogan 1/31/00
Signature of Officer Date

DALE GROGAN
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. **64225** 2. Name of Corporation **WORLD STORE, LTD.**
3. Street Address Principal Business Office **16 WEST MAIN STREET** City **WICKFORD** State **RI** Zip **02852**
4. Business Phone No. **295-0081** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4630**

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

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

| | |
|--|-----------------------------------|
| President Name DALE GROGAN | Vice President Name N/A |
| Street Address 425 SHORE DRIVE | Street Address |
| City State Zip N. KINGSTOWN RI 02852 | 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 DALE GROGAN | Director Name N/A |
| Street Address 425 SHORE DRIVE | Street Address |
| City State Zip N. KINGSTOWN RI 02852 | City State Zip |
| Director Name | Director Name |
| Street Address | Street Address |
| City State Zip | City State Zip |

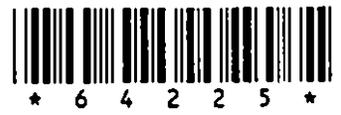
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

| AUTHORIZED SHARES | Class/Series | Par Value |
|---------------------------|--------------|-----------|
| 100 SHS NO PAR VAL | | |

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

| ISSUED SHARES | Class/Series | Par Value |
|---------------|--------------|-----------|
| 100 | | |

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



File Date: 01/24/99
Check No.: 4161
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.

Dale McGrogan 2/11/99
Signature of Officer Date

DALE GROGAN
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. 64225 2. Name of Corporation WORLD STORE, LTD.
3. Street Address Principal Business Office 16 WEST MAIN STREET City WICKFORD State RI Zip 02852
4. Business Phone No. 295-0081 5. State of Incorporation RHODE ISLAND 6. SIC Code 4630
7. Brief Description of the Character of Business Conducted in Rhode Island
RETAIL SALES

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

| | |
|--|-----------------------------------|
| President Name <u>DALE GROGAN</u> | Vice President Name <u>n/a</u> |
| Street Address <u>425 SHORE DRIVE</u> | Street Address |
| City <u>N. KINGSTON</u> State <u>RI</u> Zip <u>02852</u> | 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 <u>DALE GROGAN</u> | Director Name <u>n/a</u> |
| Street Address <u>425 SHORE DRIVE</u> | Street Address |
| City <u>N. KINGSTON</u> State <u>RI</u> Zip <u>02852</u> | 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 |
|---------------------------|--------------|-----------|
| <u>100 SHS NO PAR VAL</u> | | |

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

| ISSUED SHARES | Class/Series | Par Value |
|---------------|--------------|-----------|
| <u>100</u> | | |

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.

Dale M. Grogan 2/16/98
Signature of Officer Date

DALE GROGAN
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date: 3/2 06, 11 12 2 21 PM '98
Check No.: 3774
By: 1010
FOR SECRETARY OF STATE USE ONLY



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. **64225** 2. Name of Corporation **WORLD STORE, LTD.**
3. Street Address Principal Business Office **16 West Main Street** City **Wickford** State **RI** Zip **02852**
4. Business Phone No. **295-0081** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **4630**

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

Retail sales

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

| | |
|---|-----------------------------------|
| President Name Dale Grogan | Vice President Name n/a |
| Street Address 425 Shore Drive | Street Address n/a |
| City State Zip N. Kingston RI 02852 | City State Zip n/a |
| Secretary Name n/a | Treasurer Name n/a |
| Street Address n/a | Street Address n/a |
| City State Zip n/a | City State Zip n/a |

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

| | |
|---|------------------------------|
| Director Name Dale Grogan | Director Name n/a |
| Street Address 425 Shore Drive | Street Address n/a |
| City State Zip N. Kingston RI 02852 | City State Zip n/a |
| Director Name n/a | Director Name n/a |
| Street Address n/a | Street Address n/a |
| City State Zip n/a | City State Zip n/a |

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 |
| 100 SHS NO PAR VAL | | | 100 | | |

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



File Date: 2/27/97

Check No.: 3315

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.

Dale M. Grogan 2/15/97
Signature of Officer Date

Dale Grogan
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: 64225
2. NAME OF CORPORATION: WORLD STORE, LTD.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE: 16 West Main Street, Wickford, RI 02852
4. BUSINESS PHONE NO.: 295-0081
5. STATE OF INCORPORATION: RHODE ISLAND
6. SIC CODE: 4630

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Retail sales

8. NAMES AND ADDRESSES OF THE OFFICERS

| | | | | | |
|-----------------------------------|-------------|-------------------|----------------------------|-------|----------|
| PRESIDENT NAME Dale Grogan | | | VICE PRESIDENT NAME N/A | | |
| STREET ADDRESS 425 Shore Drive | | | STREET ADDRESS | | |
| CITY No. Kingston | STATE RI | ZIP CODE 02852 | CITY | STATE | ZIP CODE |
| SECRETARY NAME N/A | | | TREASURER NAME N/A | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |

9. NAMES AND ADDRESSES OF THE DIRECTORS

| | | | | | |
|-----------------------------------|-------------|-------------------|----------------------|-------|----------|
| DIRECTOR NAME Dale Grogan | | | DIRECTOR NAME N/A | | |
| STREET ADDRESS 425 Shore Drive | | | STREET ADDRESS | | |
| CITY No. Kingston | STATE RI | ZIP CODE 02852 | CITY | STATE | ZIP CODE |
| DIRECTOR NAME N/A | | | DIRECTOR NAME N/A | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |

10. SHARES AUTHORIZED AND ISSUED

| NUMBER OF SHARES | AUTHORIZED SHARES | PAR VALUE | NUMBER OF SHARES | ISSUED SHARES | PAR VALUE |
|------------------|-------------------|-----------|------------------|----------------|-----------|
| | CLASS / SERIES | | | CLASS / SERIES | |
| 100 SHS | NO PAR VAL | | 100 | | |

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: 3/28/96
Check No: 3982
By: CP

Dale M. Grogan
Signature of Officer
Dale Grogan
Print or Type Name of Officer
President
3/26/96
Date



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: 0054225 Annual Report for the year: 1995

Name of Corporation: WORLD STORE, LTD.

Business entity organized under the laws of the State of: RI

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

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

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

Phone: ()

Retail

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

16 West Main Street

Wickford, RI 02852

Phone: (401) 295-0081

THE NAMES OF THE OFFICERS ARE:

PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

Dale Grogan 425 Shore Drive North Kingstown, RI 02852

VICE PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

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

Dale Grogan 425 Shore Drive North Kingstown, RI 02852

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 |
| 100 | | 100 | |
| No Par Value | | No Par Value | |

Date Feb. 16 19 95 by: Dale M. Grogan

Dale Grogan
 PRESIDENT
 TITLE OF OFFICER SIGNING

Form 31 1/95

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.

THOMAS F. GINNERTY
 259 WAYLAND AVENUE
 PROVIDENCE RI 02906

PAID
JUL 24 1995
 SECRETARY OF STATE

CR 2747
 (27)

ing Fee \$50.00
yable to:
cretary of State

PLEASE TYPE or PRINT

CH-2280-1111-
30000

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

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

0054225

1994

Corporate ID:

Annual Report for the year:

WORLD STORE, LTD.

Name of Business Entity:

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number: [REDACTED]

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):
16 West Main Street

Wickford, RI 02852

Phone: (401) 295-0081

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:

Dale M. Grogan, President

World Store, Ltd

16 West Main Street

Wickford, RI 02852

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

Date of Organization: May 10, 1991

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>Dale Grogan</u> | <u>425 Shore Drive,</u> | <u>North Kingstown, RI</u> | <u>02852</u> |
| <input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One) | STREET ADDRESS | CITY/STATE | ZIP CODE |
| <input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (Check One) | STREET ADDRESS | CITY/STATE | ZIP CODE |
| <input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (Check One) | STREET ADDRESS | CITY/STATE | ZIP CODE |

THE NAMES OF THE DIRECTORS ARE:

| | | | |
|--------------------|-------------------------|----------------------------|--------------|
| NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
| <u>Dale Grogan</u> | <u>425 Shore Drive,</u> | <u>North Kingstown, RI</u> | <u>02852</u> |
| 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 100 | NUMBER 100 |
| CLASS No Par Value | CLASS No Par Value |
| SERIES | SERIES |
| PAR VALUE OR WITHOUT PAR | PAR VALUE OR WITHOUT PAR |

3/13

94

By: Dale M. Grogan

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 0064285 Annual Report for the year 1993

FIRST: The name of the corporation is WORLD STORE, LTD

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Retail

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

FIFTH: Business address in Rhode Island 16 West Main Street, Wickford,
Rhode Island 02852

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

| Name | Office | Address (including number, street, zip code) |
|----------------|----------------|--|
| Dale M. Grogan | Director | 425 Shore Drive, North Kingstown, RI |
| | Director | |
| | Director | |
| Dale M. Grogan | President | 425 Shore Drive, North Kingstown, RI |
| Same | Vice President | Same |
| Same | Secretary | Same |
| Same | Treasurer | Same |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class |
|---------------|-------|
| 100 | |

Par Value
or statement that
shares are without
par value
No Par Value

Series
PAID
MAR 17 1993
SECRETARY OF STATE

EIGHTH: Number of Shares issued:

| No. of Shares | Class |
|---------------|-------|
| 100 | |

Par Value
or statement that
shares are without
par value
No Par Value

✓ Dated February 26 19 93

World Store, Ltd.
(Name of Corporation)

✓ By Dale M. Grogan
✓ 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

1443

Corporate ID 00060225 KL Annual Report for the year 1992

FIRST: The name of the corporation is WORLD STORE, LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Retail

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

FIFTH: Business address in Rhode Island 16 West Main Street, Wickford,
Rhode Island 02852

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

| Name | Office | Address (including number, street, zip code) |
|----------------------|----------------|--|
| Dale M. Grogan | Director | 425 Shore Drive, North Kingstown, RI |
| Elizabeth A. Devonis | Director | 61 Whaley Hollow Road, Coventry, RI |
| | Director | |
| | President | |
| | Vice President | |
| | Secretary | |
| | Treasurer | |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|-------|--------|--|
| 100 | | PAID | No Par Value |

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|-------|----------------|--|
| 100 | | REC'D OF STATE | No Par Value |

MAR 05 1992

REC'D OF STATE

Dated 2/27 19 92

World Store, Ltd.
(Name of Corporation)

By Elizabeth A. Devonis
Title President

(Report must be signed by an officer)