



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)

Form with sections 1-11: Corporate ID No. 56025, Name of Corporation The Northeast Buffinton Group, Inc., Street Address 75 TRIPPS LANE, City EAST PROVIDENCE, State RI, Zip 02915, Business Phone No. 401-434-1107, State of Incorporation RHODE ISLAND, SIC Code 1883, Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURING - FOLDING PAPER BOXES, NAMES AND ADDRESSES OF THE OFFICERS: President LEO L. CESAREO, Vice President JULIA C. CESAREO, Secretary JULIA C. CESAREO, Treasurer LEO L. CESAREO, NAMES AND ADDRESSES OF THE DIRECTORS: Director JULIA C. CESAREO, SHARES AUTHORIZED 6,000 NO PAR VALUE, SHARES ISSUED 3160 COMMON NO PAR.

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



FILED stamp with File Date MAR 15 2005, Check No. 6348, 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 LEO L. CESAREO, Date 3-12-05, Print or Type Name of Officer PRESIDENT, Title of Officer Pres.

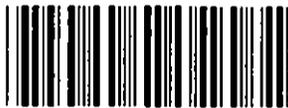


**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>56025</b>		2. Name of Corporation <b>The Northeast Buffinton Group, Inc.</b>			
3. Street Address Principal Business Office <b>75 Tripps Lane</b>			City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915</b>
4. Business Phone No. <b>401-434-1107</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>1883</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>MANUFACTURING - FOLDING PAPER BOXES</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Leo L. Cesareo</b>			Vice President Name <b>None</b>		
Street Address <b>25 Woodruff Road</b>			Street Address		
City <b>Walpole</b>	State <b>MA</b>	Zip <b>02081</b>	City	State	Zip
Secretary Name <b>Julia C. Cesareo</b>			Treasurer Name <b>Leo L. Cesareo</b>		
Street Address <b>25 Woodruff Road</b>			Street Address <b>25 Woodruff Road</b>		
City <b>Walpole</b>	State <b>MA</b>	Zip <b>02081</b>	City <b>Walpole</b>	State <b>MA</b>	Zip <b>02081</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Leo L. Cesareo</b>			Director Name <b>Julia C. Cesareo</b>		
Street Address <b>25 Woodruff Road</b>			Street Address <b>25 Woodruff Road</b>		
City <b>Walpole</b>	State <b>MA</b>	Zip <b>02081</b>	City <b>Walpole</b>	State <b>MA</b>	Zip <b>02081</b>
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			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
ISSUED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>6,000 NO PAR VALUE</b>			<b>3160</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 6 0 2 5 \*

File Date 2/26/04  
Check No. 0139  
By: LS

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.

Leo L. Cesareo 2-25-04  
Signature of Officer Date

**Leo L. Cesareo**

Print or Type Name of Officer

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. **56025**  
2. Name of Corporation **The Northeast Buffinton Group, Inc.**  
3. Street Address Principal Business Office  
**75 Tripps Lane**  
4. Business Phone No. **401-434-1107**  
5. State of Incorporation **RHODE ISLAND**

City **East Providence** State **RI** Zip **02915**  
6. SIC Code **1883**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Manufacture of Folding Paper Boxes**

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

President Name **Leo L. Cesareo**  
Street Address **25 Woodruff Road**  
City **Walpole** State **MA** Zip **02081**

Vice President Name **NONE**  
Street Address  
City State Zip

Secretary Name **Julia C. Cesareo**  
Street Address **25 Woodruff Road**  
City **Walpole** State **MA** Zip **02081**

Treasurer Name **Leo L. Cesareo**  
Street Address **25 Woodruff Road**  
City **Walpole** State **MA** Zip **02081**

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

Director Name **Julia C. Cesareo**  
Street Address **25 Woodruff Road**  
City **Walpole** State **MA** Zip **02081**

Director Name **Leo L. Cesareo**  
Street Address **25 Woodruff Road**  
City **Walpole** State **MA** Zip **02081**

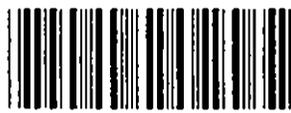
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
6,000 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
3160	Common	NONE

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



\* 5 6 0 2 5 \*

File Date: 2/3/03  
Check No.: 5737  
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 1-29-03

Print or Type Name of Officer Leo L. Cesareo

Title of Officer Pres.



**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. **56025** 2. Name of Corporation **The Northeast Buffinton Group, Inc.**  
3. Street Address Principal Business Office **75 Tripps Lane** City **East Providence** State **RI** Zip **02915**  
4. Business Phone No. **401-434-1107** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1883**  
7. Brief Description of the Character of Business Conducted in Rhode Island

**Folding Paper Boxes - Manufacturing**

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

President Name <b>Julia Cesareo</b>	Vice President Name <b>Leo Cesareo</b>
Street Address <b>25 Woodruff Road</b>	Street Address <b>25 Woodruff Road</b>
City State Zip <b>Walpole MA 02081</b>	City State Zip <b>Walpole MA 02081</b>
Secretary Name <b>Julia Cesareo</b>	Treasurer Name <b>Leo Cesareo</b>
Street Address <b>25 Woodruff Road</b>	Street Address <b>25 Woodruff Road</b>
City State Zip <b>Walpole MA 02081</b>	City State Zip <b>Walpole MA 02081</b>

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

Director Name <b>Julia Cesareo</b>	Director Name <b>Leo Cesareo</b>
Street Address <b>25 Woodruff Road</b>	Street Address <b>25 Woodruff Road</b>
City State Zip <b>Walpole MA 02081</b>	City State Zip <b>Walpole MA 02081</b>

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>6,000 NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>3160</b>	<b>Common</b>	<b>No Par</b>

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



File Date 3-14-02  
Check No 5347  
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 Leo L. Cesareo Date 3/13/02  
Leo L. Cesareo  
Vice 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. **56025** 2. Name of Corporation **The Northeast Buffinton Group, Inc.**  
3. Street Address Principal Business Office **75 Tripps Lane** City **East Providence** State **RI** Zip **02915**  
4. Business Phone No. **401-434-1107** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1883**

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

**Folding Paper Boxes - Manufacturing**

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

President Name <b>Julia Cesareo</b>	Vice President Name <b>Leo Cesareo</b>
Street Address <b>25 Woodruff Road</b>	Street Address <b>25 Woodruff Road</b>
City State Zip <b>Walpole MA 02081</b>	City State Zip <b>Walpole MA 02081</b>
Secretary Name <b>Julia Cesareo</b>	Treasurer Name <b>Leo Cesareo</b>
Street Address <b>25 Woodruff Road</b>	Street Address <b>25 Woodruff Road</b>
City State Zip <b>Walpole MA 02081</b>	City State Zip <b>Walpole MA 02081</b>

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

Director Name <b>Julia Cesareo</b>	Director Name <b>Leo Cesareo</b>
Street Address <b>25 Woodruff Road</b>	Street Address <b>25 Woodruff Road</b>
City State Zip <b>Walpole MA 02081</b>	City State Zip <b>Walpole MA 02081</b>
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  
**6,000 SHS NO PAR VAL**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**3160 Common No Par**

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



\* 5 6 0 2 5 \*

File Date: 2/28  
Check No.: 4927  
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.  
Leo Cesareo 2-20-01  
Signature of Officer Date  
LEO L CESAREO  
Print or Type Name of Officer  
V.P.  
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. **56025** 2. Name of Corporation **The Northeast Buffinton Group, Inc.**  
3. Street Address Principal Business Office **75 Tripps Lane** City **East Providence** State **RI** Zip **02915**  
4. Business Phone No. **401-434-1107** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1883**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Manufacturing - Folding Paper Boxes**

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

President Name <b>Julia Cesareo</b> Street Address <b>25 Woodruff Road</b> City <b>Walpole</b> State <b>MA</b> Zip <b>02081</b>	Vice President Name <b>Leo Cesareo</b> Street Address <b>25 Woodruff Road</b> City <b>Walpole</b> State <b>MA</b> Zip <b>02081</b>
Secretary Name <b>Julia Cesareo</b> Street Address <b>25 Woodruff Road</b> City <b>Walpole</b> State <b>MA</b> Zip <b>02081</b>	Treasurer Name <b>Leo Cesareo</b> Street Address <b>25 Woodruff Road</b> City <b>Walpole</b> State <b>MA</b> Zip <b>02081</b>

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

Director Name <b>Julia Cesareo</b> Street Address <b>25 Woodruff Road</b> City <b>Walpole</b> State <b>MA</b> Zip <b>02081</b>	Director Name <b>Leo Cesareo</b> Street Address <b>25 Woodruff Road</b> City <b>Walpole</b> State <b>MA</b> Zip <b>02081</b>
--	--

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>6,000 SHS NO PAR VAL</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>3160</b>	<b>Common</b>	<b>No Par</b>

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



\* 5 6 0 2 5 \*

File Date 2-10-00  
Check No. 4519  
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 Leo L. Cesareo Date 1-18-2000  
**LEO L. CESAREO**  
Print or Type Name of Officer  
**Vice 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. **56025** 2. Name of Corporation **The Northeast Buffinton Group, Inc.**

3. Street Address Principal Business Office **75 Tripps Lane** City **East Providence** State **Rhode Island** Zip **02915**

4. Business Phone No. **401-434-1107** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1883**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Manufacture of Folding Paper Boxes**

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

President Name <b>Julia C. Cesareo</b>	Vice President Name <b>Leo Cesareo</b>
Street Address <b>25 Woodruff Road</b>	Street Address <b>25 Woodruff Road</b>
City <b>Walpole</b> State <b>MA</b> Zip <b>02081</b>	City <b>Walpole</b> State <b>MA</b> Zip <b>02081</b>
Secretary Name <b>Leo Cesareo</b>	Treasurer Name <b>Leo Cesareo</b>
Street Address <b>25 Woodruff Road</b>	Street Address <b>25 Woodruff Road</b>
City <b>Walpole</b> State <b>MA</b> Zip <b>02081</b>	City <b>Walpole</b> State <b>MA</b> Zip <b>02081</b>

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

Director Name <b>Leo Cesareo</b>	Director Name
Street Address <b>SAME</b>	Street Address
City <b></b> State <b></b> Zip <b></b>	City <b></b> State <b></b> Zip <b></b>
Director Name <b>Julia Cesareo</b>	Director Name
Street Address <b>SAME</b>	Street Address
City <b></b> State <b></b> Zip <b></b>	City <b></b> State <b></b> Zip <b></b>

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>6,000 SHS NO PAR VAL</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>3160</b>	<b>Common</b>	<b>No Par</b>

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



\* 5 6 0 2 5 \*

File Date: Feb 3, 99  
Check No.: 4116  
By: J.D.

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.

Leo Cesareo 1-29-99  
Signature of Officer Date  
**LEO L. CESAREO**  
Print or Type Name of Officer  
V. Pres.  
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. **56025** 2. Name of Corporation **The Northeast Buffinton Group, Inc.**

3. Street Address Principal Business Office **75 Tripps Lane** City **East Providence** State **RI** Zip **02915**  
4. Business Phone No. **401-434-1107** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1883**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**MANUFACTURE OF Folding Paper Boxes**

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

President Name <b>Julia C. Cesareo</b>	Vice President Name
Street Address <b>25 Woodruff Rd</b>	Street Address
City State Zip <b>Walpole MA 02081</b>	City State Zip
Secretary Name <b>Leo Cesareo</b>	Treasurer Name <b>Leo Cesareo</b>
Street Address <b>25 Woodruff Rd</b>	Street Address <b>25 Woodruff Rd</b>
City State Zip <b>Walpole MA 02081</b>	City State Zip <b>Walpole MA 02081</b>

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

Director Name <b>Leo Cesareo</b>	Director Name
Street Address <b>SAME</b>	Street Address
City State Zip <b>Walpole MA 02081</b>	City State Zip
Director Name <b>Julia Cesareo</b>	Director Name
Street Address <b>SAME</b>	Street Address
City State Zip <b>Walpole MA 02081</b>	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>6,000 SHS NO PAR VAL</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>3160</b>	<b>Common</b>	<b>No Par</b>

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



File Date: 3/23/98  
Check No.: 5080  
By: GAA  
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 Leo Cesareo Date 3-2-98  
Print or Type Name of Officer LEO CESAREO  
Title of Officer PRES



**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. **56025** 2. Name of Corporation **The Northeast Buffinton Group, Inc.**  
3. Street Address Principal Business Office **75 Tripp Lane** City **E. Providence** State **RI** Zip **02915**  
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  
**Manufacturer of Folding Paper Boxes**

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

President Name <b>Leo Cesareo</b>	Vice President Name <b>Julia Cesareo</b>
Street Address <b>25 Woodruff Road</b>	Street Address <b>25 Woodruff Road</b>
City <b>Walpole</b> State <b>MA</b> Zip <b>02081</b>	City <b>Walpole</b> State <b>MA</b> Zip <b>02081</b>
Secretary Name <b>Leo Cesareo</b>	Treasurer Name <b>Julia Cesareo</b>
Street Address <b>25 Woodruff Road</b>	Street Address <b>25 Woodruff Road</b>
City <b>Walpole</b> State <b>MA</b> Zip <b>02081</b>	City <b>Walpole</b> State <b>MA</b> Zip <b>02081</b>

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

Director Name <b>Leo Cesareo</b>	Director Name <b>Julia Cesareo</b>
Street Address <b>25 Woodruff Road</b>	Street Address <b>25 Woodruff Road</b>
City <b>Walpole</b> State <b>MA</b> Zip <b>02081</b>	City <b>Walpole</b> State <b>MA</b> Zip <b>02081</b>
Director Name <b>Valerie Conway</b>	Director Name <b>Lisa Grant</b>
Street Address <b>21 Mallard Lane</b>	Street Address <b>20 Ginley Road</b>
City <b>Walpole</b> State <b>MA</b> Zip <b>02081</b>	City <b>Walpole</b> State <b>MA</b> Zip <b>02081</b>

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

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
<b>6,000 SHS NO PAR VAL</b>	<b>3,000 COMMON</b>

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



\* 5 6 0 2 5 \*

File Date: 3/17/97  
Check No.: 296  
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: 3-13-97  
Print or Type Name of Officer: LEO CESAREO  
Title of Officer: PRES

# 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. 56025		2. NAME OF CORPORATION The Northeast Buffinton Group, Inc.					
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 75 Tripps Lane				CITY East Providence		STATE RI	ZIP CODE 02915
4. BUSINESS PHONE NO. (401) 434-1107			5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE 1883	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND folding box manufacturer							
8. NAMES AND ADDRESSES OF THE OFFICERS							
PRESIDENT NAME Leo Cesareo				VICE PRESIDENT NAME			
STREET ADDRESS 25 Woodruff Rd.				STREET ADDRESS			
CITY Walpole		STATE MA	ZIP CODE 02087		CITY		STATE MA
SECRETARY NAME Julia Cesareo				TREASURER NAME Leo Cesareo			
STREET ADDRESS 25 Woodruff Rd.				STREET ADDRESS 25 Woodruff Rd.			
CITY Walpole		STATE MA	ZIP CODE 02087		CITY Walpole		STATE MA
9. NAMES AND ADDRESSES OF THE DIRECTORS							
DIRECTOR NAME Leo Cesareo				DIRECTOR NAME			
STREET ADDRESS 25 Woodruff Rd.				STREET ADDRESS			
CITY Walpole		STATE MA	ZIP CODE 02087		CITY		STATE MA
DIRECTOR NAME Julia Cesareo				DIRECTOR NAME			
STREET ADDRESS 25 Woodruff Rd.				STREET ADDRESS			
CITY Walpole		STATE MA	ZIP CODE 02087		CITY		STATE MA
10. SHARES AUTHORIZED AND ISSUED							
AUTHORIZED SHARES				ISSUED SHARES			
NUMBER OF SHARES		CLASS / SERIES		NUMBER OF SHARES		CLASS / SERIES	
PAR VALUE		PAR VALUE		PAR VALUE		PAR VALUE	
6,000 SHS NO PAR VAL				4160		Common	
						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: 5/20/96

Check No: 8669

By: *CS*

For Secretary of State Use Only

*Leo Cesareo*  
Signature of Officer

LEO L CESAREO  
Print or Type Name of Officer

PRES  
Title of Officer

3-14-96  
Date

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

Corporate ID: **0056025**

Annual Report for the year: **1995**

Name of Corporation: ~~Suffinton Box Corporation~~ **The Northeast Suffinton Group, Inc.**

Business entity organized under the laws of the State of: **RHODE ISLAND**

Business Entity is (check one):

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

Business Corporation (See RIGL Chapter 7-1-1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: **(401) 434-1107**

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

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

**MANUFACTURE OF FOLDING PAPER BOXES**

**75 TRIPPS LANE  
 EAST PROVIDENCE, R.I. 02915**

Phone **(401) 434-1107**

**THE NAMES OF THE OFFICERS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <b>LEO L. CESAREO</b>	<b>25 WOODRUFF ROAD</b>	<b>WALPOLE MA</b>	<b>02081</b>
VICE PRESIDENT			

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
SECRETARY <b>LEO L. CESAREO</b>	<b>SAME</b>		
TREASURER <b>JULIA C. CESAREO</b>	<b>SAME</b>		

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<b>LEO L. CESAREO</b>	<b>SAME</b>		
<b>JULIA C. CESAREO</b>	<b>SAME</b>		

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

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 (Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
<del>10,000</del> <b>6,000</b>	<b>COMMON</b>
	<b>NO PAR</b>

Number of Shares	Class / Series
<del>10,000</del> <b>6,000</b>	<b>COMMON</b>
	<b>NO PAR</b>

Date **4/10**, 19 **95**

By **Leo L. Cesareo**  
**LEO L. CESAREO**

Form 31 1995

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.

**LEO L. CESAREO  
 75 TRIPPS LANE  
 EAST PROVIDENCE RI 02915**

**PAID**  
**210 7893**  
**JUN 21 1995**  
**SEC'Y OF STATE**

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

CH# 6481 mnc  
5000

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

Corporate ID 005E025 Annual Report for the year 1994

Name of Business Entity Buffinton Box Corporation

Business entity organized under the Laws of the State of RHODE ISLAND

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office

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

75 TRIPPS LANE  
EAST PROVIDENCE, RI 02915

Phone 401 434-1107

Business Entity is (check one)

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.3)
- Limited Liability Company (See RIGL 7-16)

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

LEO CESAREO  
75 TRIPPS LANE  
EAST PROVIDENCE, RI 02915

Brief statement of the character of business conducted in Rhode Island  
MANUFACTURE OF FOLDING PAPER BOXES

Date of Organization MAY 25, 1989

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

THE NAMES OF THE OFFICERS ARE:

CHIEF FINANCIAL OFFICER  PRESIDENT OFFICER NAME LEO L. CESAREO STREET ADDRESS 25 WOODRUFF ROAD CITY/STATE WALPOLE, MA ZIP CODE 02915

CHIEF FINANCIAL OFFICER  VICE PRESIDENT OFFICER NAME LEO L. CESAREO STREET ADDRESS SAME CITY/STATE WALPOLE, MA ZIP CODE 02915

CHIEF FINANCIAL OFFICER  SECRETARY OFFICER NAME LEO L. CESAREO STREET ADDRESS SAME CITY/STATE WALPOLE, MA ZIP CODE 02915

CHIEF FINANCIAL OFFICER  TREASURER OFFICER NAME JULIA C. CESAREO STREET ADDRESS SAME CITY/STATE WALPOLE, MA ZIP CODE 02915

THE NAMES OF THE DIRECTORS ARE:

NAME LEO L. CESAREO STREET ADDRESS 25 WOODRUFF ROAD CITY/STATE WALPOLE, MA ZIP CODE 02915

NAME JULIA C. CESAREO STREET ADDRESS 25 WOODRUFF ROAD CITY/STATE WALPOLE, MA ZIP CODE 02915

NUMBER OF SHARES AUTHORIZED (if Applicable)

NUMBER 1000

CLASS COMMON

SERIES

PAR VALUE OR WITHOUT PAR NO PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (if Applicable)

NUMBER 1000

CLASS COMMON

SERIES

PAR VALUE OR WITHOUT PAR NO PAR

Date April 12, 1994

By Leo L. Cesareo Pres.

LEO L. CESAREO  
NAME OF SIGNER (TYPE OR PRINT)

PRESIDENT  
TITLE OF PERSON SIGNING

Form 301-1994  
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.

LEO L. CESAREO  
75 TRIPPS LANE  
EAST PROVIDENCE RI 02915

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

Filing Fee \$50.00

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

51879B  
**State of Rhode Island and Providence Plantations**

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 00550055 Annual Report for the year 1993

FIRST: The name of the corporation is Buffinton Box Corporation

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Manufacture of folding paper boxes

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 75 Tripps Lane, East Providence, RI 02915

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

Name	Office	Address (including number, street, zip code)
<u>Leo L. Cesareo</u>	<u>Director</u>	<u>25 Woodruff Rd, Walpole, MA 02081</u>
<u>Julia C. Cesareo</u>	<u>Director</u>	<u>Same</u>
	<u>Director</u>	
<u>Leo L. Cesareo</u>	<u>President</u>	<u>Same</u>
	<u>Vice President</u>	
<u>Leo L. Cesareo</u>	<u>Secretary</u>	<u>Same</u>
<u>Julia C. Cesareo</u>	<u>Treasurer</u>	<u>Same</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>1000</u>	<u>Common</u>		<u>No Par</u>

**PAID**  
**JAN 28 1993**  
**SECY OF STATE**

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>1000</u>	<u>Common</u>		<u>No Par</u>

Dated January 1993

Buffinton Box Corp.  
(Name of Corporation)

By Leo L. Cesareo

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

am 7101  
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 0052025 Annual Report for the year 1992

FIRST: The name of the corporation is Buffinton Box Corporation

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is MANUFACTURE OF FOLDING PAPER BOXES

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 75 TRIPPS LANE, EAST PROVIDENCE

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

Name	Office	Address (including number, street, zip code)
LEO L. CESAREO	Director	25 WOODRUFF ROAD, WALPOLE, MA 02081
JULIA C. CESAREO	Director	25 WOODRUFF ROAD, WALPOLE, MA 02081
	Director	
LEO L. CESAREO	President	25 WOODRUFF ROAD, WALPOLE, MA 02081
	Vice President	
LEO L. CESAREO	Secretary	25 WOODRUFF ROAD, WALPOLE, MA 02081
JULIA C. CESAREO	Treasurer	25 WOODRUFF ROAD, WALPOLE, MA 02081

SEVENTH: Number of Shares authorized:

No. of Shares	Class
1000	COMMON

Series **PAID**

Par Value or statement that shares are without par value  
NO PAR

MAR 09 1992

EIGHTH: Number of Shares issued:

No. of Shares	Class
1000	COMMON

SECY OF STATE

Par Value or statement that shares are without par value  
NO PAR

Dated MARCH 6 19 92

BUFFINTON BOX CORP.  
(Name of Corporation)

By Leo Cesaro

Title Pres.

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0055025 Annual Report for the year 1991

FIRST: The name of the corporation is Buffinton Box Corporation

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Manufacturer - Boxes

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 75 Tripp Lane  
E Providence RI 02915

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

Name	Office	Address (including number, street, zip code)
<u>Leo Cesario</u>	<u>Director</u>	<u>25 Woodruff Rd Walpole MA 02081</u>
<u>Julia Cesario</u>	<u>Director</u>	<u>25 Woodruff Rd Walpole MA 02081</u>
	<u>Director</u>	
<u>Leo Cesario</u>	<u>President</u>	<u>25 Woodruff Rd Walpole MA</u>
	<u>Vice President</u>	
<u>Julia Cesario</u>	<u>Secretary</u>	<u>25 Woodruff Rd Walpole MA</u>
<u>Leo Cesario</u>	<u>Treasurer</u>	<u>25 Woodruff Rd Walpole MA</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>1000</u>	<u>Common</u>		<u>None</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>1000</u>	<u>Common</u>		<u>None</u>

**PAID**  
**MAR 11 1991**  
**SECY OF STATE**

Dated 3 - 8 19 91

(Name of Corporation)

By X Leo Cesario

Title Pres

(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  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0055025 Annual Report for the year 1990

FIRST: The name of the corporation is Buffinton Box Corporation

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is MANUFACTURER OF FOLDING PAPER BOXES

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 75 TRIPPS LANE  
EAST PROVIDENCE, RI 02915

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

Name	Office	Address (including number, street, zip code)
LEO L. CESAREO	Director	25 WOODRUFF ROAD, WALPOLE, MA 02081
JULIA C. CESAREO	Director	SAME
	Director	
LEO L. CESAREO	President	SAME
JULIA C. CESAREO	Vice President	SAME
JULIA C. CESAREO	Secretary	SAME
LEO L. CESAREO	Treasurer	SAME

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	NO PAR	COMMON	WITHOUT PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	NO PAR	COMMON	WITHOUT PAR VALUE

**PAID**

**FEB 27 1990**

**SEC'Y. OF STATE**

Dated FEBRUARY 7, 19 90

BUFFINTON BOX CORP.  
(Name of Corporation)

By Leo Cesareo

Title PRESIDENT

(Report must be signed by an officer)