

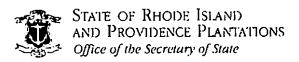
Matthew A. Brown, Secretary of State Corporations Division 148 W. River St.

Providence, RI 02904-2615 401,222,3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_\_ 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\*
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by

law (R.I.G.L. 7-1.2-1501(c&	d)) is subject to a per					
F. Corporate ID No. 106830	2. Name of Corporation CLINTON P. COWEN, INC.					
3. Street Address Principal Business Office 770 MAIN STREET			WEST WARWICK	State RI	<sup>Ζφ</sup> 02893	
4. Business Phone No.         5. State of Incorporate           401-828-0820         RHODE ISLA						
6 Brief Description of the Char PROVIDE CONSULTA	neter of Business Conduct ATION AND MANUF	rd in Rhide Island FACTURING OF PLAST	IC INJECTION MOLDED PRO	DUCTS FOR VARIOU	S INDUSTRIES	
7. NAMES AND ADDRE President Name CLINTON P. COWE		CERS: ("X" BOX FOR A	TTACHMENT)  FILL IN SPA	ACES BEFORE USING A	TTACHMENTS	
Street Address 78 WEST SHORE D		<u>-</u> -	Street Address			
Gin: EXETER	State RI	7.ip 02822	City	State	Z!p	
Secretary Name CLINTON P. COWE	 N		: Treasurer Name			
Street Address 78 WEST SHORE D	RIVE		Street Address			
EXETER	State RI	7 <i>ip</i> 02822	City	State	Ζφ	
8. NAMES AND ADDRE Director Name	SSES OF THE DIRE	CTORS: ("X" BOX FOR	ATTACHMENT)   FILL IN S	PACES BEFORE USING	ATTACHMENTS 25	
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Sirve Address	Siner Address		Street Address 3: 5			
City	State	Zip	Clty	State	Z.ip	
9. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR	ATTACHMENT)	10. SHARES ISSUED (	"X" BOX FOR ATTACH	име́NT) 🗀 —	
Number of Shares	ClassSeries	Par Value	Number of Shares	Class/Series	Par Value	
8,000 NO PAR COMMON			8,000	COMMON	NO PAR	
This report must be exe	cuted on behalf of th	ne corporation by an auth c corporation by the rece	norized representative. If the consider or trustee	poration is in the hands	of a receiver or trustee,	
	ded on senan or th	e corporation by the rece	The or mande.		_	
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		<u></u>	including any accou	npunying schedules and sta	tements, and that all statement	
<b>C!</b>	LED		contained berein are	tyle istofcytroct.	12/11/2000	
		<del></del>	Llud	Je sur joses.	Dute	
Check No DEC 12 2006			CLINTON P. COWEN  Print or Type Name			
			FOR SECRETARY	OF STATE USE ONLY		Title



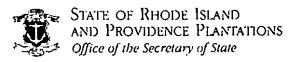
Matthew A. Brown, Secretary of State Corporations Division 148 W. River St.

Prividence, RI 02901-2615 401.222.3040

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law (R.I.G.L. 7-1.2-1501(c&			<u> </u>		·	
1. Corporate ID No. 106830	2 Name of Corporation CLINTON P. COWEN, INC.					
3 Street Address Principal Business Office 770 MAIN STREET			WEST WARWICK	RI	02893	
4. Husiness Phone No.         5. State of Incorporation           401-828-0820         RHODE ISLAN						
6. Brief Description of the Cha PROVIDE CONSULT	ructer of Business Conduc ATION AND MANU	ied in Rhode Island FACTURING OF PLASTI	IC INJECTION MOLDED PRO	DUCTS FOR VARIOU	IS INDUSTRIES	
7. NAMES AND ADDRE	SSES OF THE OFFI	CERS: ("X" BOX FOR A	TTACHMENT) 🔲 FILL IN SPA	CES BEFORE USING A	ATTACHMENTS	
President Name	-1.1		Vice President Name			
CLINTON P. COWE	:IN	·	Street Address	<del></del>	<u> </u>	
78 WEST SHORE (	DRIVE		J. C. Ashrea			
City EXETER	State RI	<sup>Ζiμ</sup> 02822	Clty	State	Zip	
Secretary Name CLINTON P. COWE	:N		Treasurer Name			
Since Address 78 WEST SHORE [	DRIVE		Street Address			
Gity EXETER	State RI	Zip 02822	Gity	State	2.19	
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Street Address			Street Address			
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9. SHARES AUTHORIZED SHARES	ED ("X" BOX FOR	ATTACHMENT)	10. SHARES ISSUED (	"X" BOX FOR ATTACH	IMENT)	
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This report must be ex-	ecuted on behalf of t	he compration by an auth	orized representative. If the cor	poration is in the hands	s of a receiver or trustee.	
this report must be exc	cuted on behalf of th	ic corporation by the recei	iver or trustee.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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File Date	FILED		( lest	( auch fres	14/1/201	
	DEC 12 2006		Signature	<del></del>	Date	
By:			CLINTON P. COWEN			
			Print or Type Name			
			PRESIDENT			
FOR SECRETARY	FOR STRUE DAG UND	<b>′</b>	Title			



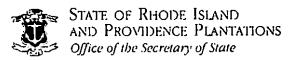
Matthew A. Brown, Secretary of State Corporations Division 148 W. River St.

Providence, RI 02904-2615 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_\_ 2003\_\_\_

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

of Business Conducted to DN AND MANUFAC	5. State of Incorporati	WEST WARWICK	State RI	Zip		
of Business Conducted to				02893		
of Brisiness Conducted to ON AND MANUFAC	RHODE ISLAN					
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		Vice President Name	_			
/E		Since Address				
State RI	<i>zip</i> 02822	City	State	Zip		
		: Treasurer Name				
		Sirvet Address				
State RI	7.ip 02822	City	State	Zip		
S OF THE DIRECTO	DRS: ("X" BOX FOR	ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS				
<del></del>	· · ·	Street Address				
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, <b></b>		Director Name	******************************	PH 3		
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State	Zip	City:	State	Zip		
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on benan or the co	iporation by the rece	THE OF HUMBER.				
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Check No. — DEG 1 2 2006 ————————————————————————————————			CLINTON P. COWEN			
ATE USE ONLY	Ж	PRESIDEN				
	State  St	State RI  State RI  State RI  State  State	State   Zip   City	State   Stat		



Matthew A. Brown, Secretary of State Corporations Division 148 W. River St. Providence, RI 02904-2615

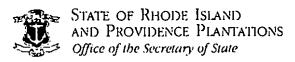
Providence, RI 02904-2615 401.222,3040

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_\_\_ 2002\_

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

\* In accordance with R.I.G.I. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.I. 7-1.2-1501(e&d)) is subject to a beneity fee of \$25.00.

law (R.I.G.L. 7-1.2-1501	(c&d)) is subject to a per			<u> </u>		
I. Софотие ID No. 106830		2. Name of Corporation CLINTON P. COWEN, INC.				
3. Street Address Principal Business Office 770 MAIN STREET			WEST WARWICK	State RI	ο2893	
4. Business Phone No. 5. State of Incorporation 401-828-0820 RHODE ISLAND						
6. Helef Description of the C PROVIDE CONSU	Character of Business Conduc LTATION AND MANUS	ted in Rhode Island FACTURING OF PLAST	IC INJECTION MOLDED PRO	DUCTS FOR VARIOU	IS INDUSTRIES	
7. NAMES AND ADD President Name CLINTON P. COV		CERS: ("X" BOX FOR A	TTACHMENT)   FILL IN SPA	ACES BEFORE USING A	ATTACHMENTS	
Street Address 78 WEST SHORE			Street Address			
City EXETER	State RI	Zip 02822	City	State	Zip	
Secretary Name CLINTON P. COV	VEN		Treasurer Name	······································		
Street Address 78 WEST SHORI	E DRIVE		Sirvet Address			
Cin: EXETER	State RI	7.ip 02822	City	State	Zip (ID)	
8. NAMES AND ADE Director Name	DRESSES OF THE DIRE	CTORS: <i>("X" BOX FOR</i>	PATTACHMENT)   FILL IN S	PACES BEFORE USING	ATTECHMENTS  CATEGORIAN  CATEG	
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Director Nume			Director Name		<b>ω</b> ΒΕΣΙΌ	
Since Address	Sines Address		Sireci Address		<u> </u>	
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9. SHARES AUTHOR	RIZED ("X" BOX FOR	ATTACHMENT) 🗍	10. SHARES ISSUED (	"X" BOX FOR ATTACH	iment) 🗌	
Number of Shares	Cluss/Series	Par Value	Number of Shares	Class/Series	Par Value	
8,000 NO PAR COMMON			8,000	COMMON	NO PAR	
This report must be	executed on behalf of the	ne corporation by an auth	norized representative. If the consider or trustee	poration is in the hands	of a receiver or trustee,	
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					tements, and that all stateme	
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Check No.	C 12 2006		Signature	COMEN	174116	
By O			CLINTON P. COWEN Print or Type Name			
By:			PRESIDENT			
FOR SECRETARY OF STATE USE ONLY			Title			
		ı	line.			



Matthew A. Brown, Secretary of State Corporations Division 148 W. Rhur St.

Providence, RI 02904-2615 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_\_ 2001

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\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by

law (R.I.G.L. 7-1.2-1501(c 1. Corporate II) No.	2. Name of Corpor	) is subject to a penalty fee of \$25.00.  2. Name of Corporation				
106830		. COWEN, INC.				
3. Street Address Principal Business Office 770 MAIN STREET			WEST WARWICK	State RI	02893	
4. Business Phone No. 5. State of Incorpora 401-828-0820 RHODE ISLA						
	Surrector of Business Conducte TATION AND MANUF		TIC INJECTION MOLDED PRO	DUCTS FOR VARIOU	IS INDUSTRIES	
President Name		ERS: ("X" BOX FOR	ATTACHMENT)   FILL IN SPA	ACES BEFORE USING A	ATTACHMENTS	
CLINTON P. COW Street Address 78 WEST SHORE	<del></del>		Street Address		<u></u>	
City EXETER	State	Zip 02822	City	State	Zip	
Secretary: Nume CLINTON P. COW		102022	Treasurer Nume	J	I(//)	
Street Address 78 WEST SHORE			Sirver Address		-	
City:	State	7.ip 02822	City	State		
		1 -	: R <i>attachment)</i> ☐ fill in s	 PACES BEFORE USING	ATTACHMENTS	
Director Name			Director Nume	Director Nume		
Street Address		<del></del>	Street Address	<u> </u>		
City	State	Zip	City:	State	₩	
Director Name			Director Name			
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9. SHARES AUTHORI AUTHORIZED SHARES	ZED ("X" BOX FOR A	TTACHMENT)	10. SHARES ISSUED (	"X" BOX FOR ATTACE	IMENT)	
Number of Shares	Clas/Series	Par Value	Number of Shures	Quss/Series	Par Value	
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			horized representative. If the cor	poration is in the hands	of a receiver or trustee,	
this report must be ex	ecuted on hehalf of the	corporation by the reco	civer or trustee.			
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File Date			luft	leus pres.	1411/2006	
Check No.	C 12 2006		Signature	COMEN	Dat <b>e</b>	
By Sanue			CLINTON P. COWEN Print or Type Name			
# \			PRESIDENT			
FOR SECRETARY OF STATE USE ONLY			Title			

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

# 401-222-3040

		ANNUAL RE	PORT FOR TI	HE YEAR 2 <u>000</u>	PLEASE REAL INSTRUCTION	
(FORM MUST BE TYPED IN	N RLACK)					
1. Corporate ID No.	820 2. Name of Corpora	tion	-		<del></del>	
3. Street Address Principal Bu		P. Cowen, Inc.	City	State	Zip	
78 West Shore 4. Business Phone No.	e Drive	5. State of Incorporation	Exeter	RI	02822 6. SIC Code	
7 Rulef Description of the Cha	practer of Business Conducted (	Rhode Isl	and			
Consultation	and manufacturi	ing of plastic in		roducts for variou ES BEFORE USING ATTAC		
Clinton P. Cowen			Claudia Careta Street Address			
78 West Shore	e Drive	Zip	78 West Shor	e Drive State	Zip	
Exeter Secretary Name	RI	02822	Exeter Treasurer Name	RI	02822	
Clinton P. Co	owen		Clinton P. C	owen		
78 West Shore	e Drive	Zip	78 West Shor	e Drive State	Zip	
Exeter 9. NAMES AND ADD Director Name	RI PRESSES OF THE DIR	02822 ECTORS (*X* BOX FOR AT	Exeter TACHMENT) FILL IN SPA Director Name	RI ACES BEFORE USING ATTA	02822 CHMENTS	
Clinton P. Co	owen		Claudia Care	ta		
78 West Shore	e Drive State	Zip	78 West Shor	e Drive State	Zip	
Exeter Director Name	. RI	02822	Exeter Director Name	RI	02822	
Street Address			Street Address	·		
City	State	Zip	City	; State	Zip	
10. SHARES AUTHOR	RIZED ("X" BOX FOR ATT	(ACHMENT)	11. SHARES ISSUEI	O (*X* BOX FOR ATTACHMENT	) <b>,</b>	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
8000	Common	No Par	, 4000	Common	No Par	
This report must be	signed in ink by eit	 her the President, Vice		ssistant Secretary, Treasu		

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date: \_ Signature of Officer Check No .: \_

Print or Type Name of Officer

FOR SECRETARY OF STATE USE ONLY

President Title of Officer