

Filing Period: January 1 - March 1

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown. Secretary of State

Filing Fee: \$50.00

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 200

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| 21415 | |

(FORM MUST BE TYPED OR PRINTED IN BIACK) 2. Name of Corporation CERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Street Addgess Sireci Address State Street Address Street Address City OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Sirect Address City Director Name *WUWE* Street Address Sircel Address City Ζφ City State 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 10c ommou -0~ This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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|---------------------------------|----------------|---|---|
| APR By | 14 2005 Lmc | Under penalty of perjury. I declare and affirm that I had including any accompanying schedules and statement contained herein are true and correct. | we examined this report, s, and that all statements |
| Check No. | C63256 | Signature of OFFOT A STATE OF THE | Date |
| FOR SECRETARY OF STATE USE ONLY | | Print or Type Namy of Officer | |
| | | Title of Officer | r. (20.0) 10.00 |



Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

| PROFIT COR Filling Period: January (FORM MUST BE TYPED O | y I - March 1 🕒 🕒 Fil | NUAL REPOR | T FOR THE YE | ar <u>200</u> | / |
|--|--|----------------------------------|---|--|--|
| 1. Corporate ID No : \$6633 3 Sirvet Address Principal B | 2 Name of Corporal | in he not it | MICIO COM | State | |
| 727 1-775 | T AUL- | | PAWTULL | LT RE | CJSOU |
| | 26-2826 paracter of Business Conducted | 3. State of incorporation | | AND | 6. SIC Code |
| 8. NAMES AND ADDR | ESSES OF THE OFFICER | | | N SPACES BEFORE USING | G ATTACHMENTS |
| President Name Che | + Ynffe | | | rat- | |
| | 21 ST | | Sircei Address | | |
| RIVUSIDE | State P. T | 02915 | Chy | State | Zip |
| Secretary Name | UWL= | | Treasurer Name | Cal- | |
| Street Address | | | Sirect Address | | |
| City | State | Zip | City | State | Zip |
| 9. NAMES AND ADDR Director Name Street Address | esses of the directo | DRS: ("X" BOX FOR A | Director Name | IN SPACES BEFORE USIN | NG ATTACHMENTS |
| 33 KIVE | | | | | SE SE |
| RIVERSIDE | State | 12ip 02915 | City | State | PR PR |
| Director Name **Director Name*** **Director Name** **Director Name* | CW E | | Director Name | ONE- | F 34.11 |
| Street Address | | | Street Address | | Site of Site o |
| Cuy | State | Zip | City | State | 3 27 7/1/V |
| 10. SHARES AUTHORI AUTHORIZED SHARES | ZED ("X" BOX FOR AT | TACHMENT) | 11. SHARES ISSUED | ("X" BOX FOR ATTACH | MENT) |
| Number of Shares | Class/Sertes | Par Value | Number of Shares | Class/Series | Par Value |
| fooc | Common | ~ ~ | 100 | Commun | , ·c~ |
| This report mu | st be signed in ink by cit | ther the President. Vice | President, Secretary, Assist | ant Secretary, Treasurer, I | Receiver or Trustee |
| File DateCheck NoBy: | | FILED APR 14 2005 FUNC C 6325 | Under penalty of perinched including any according any according to the contained herein and Signature of Officer Print or Type Nome. | erjury. I declare and affirm the impanying schedules and state to the and correct to the first a | at I have examined this report ements, and that all statements |
| | OF STATE USE ONLY | | ' | of Officer SIDCAT | |



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

Form 630 Rev. 12/03

Matthew A. Brown, Secretary of State

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) 2. Name of Corporation Coylin ted in Rhode Island -BUNBAI ERS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Street Address Street Address Street Address Street Address 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address NOWE Street Address Street Address State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Par Value Number of Shares Class/Series Par Value 100/ OMMOUS OMMURI 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 Date Check No. Print or Type Name of Office FOR SECRETARY OF STATE USE ONLY Title of Officer



FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division 100 Nonth Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 3 Street Address Principal Business Office 5 State of Incorporation 7 Brief Description of the Character of Busings Conducted in Rhode Island OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Nam Street Addre Street Address ZIp Treasurer Name Street Address Street Address 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Addin Street Address State Director Name NUNG Street Address Street Address City 7.10 City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Number of Shares Class/Series Par Value COMMON 100-UMMCW) 0 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 scholules and statements, and that all statements contained herein are true apo File Date Signature of Office Date Check No.



(FORM MUST BE TYPED OR PRINTED IN BLACK)

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

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

CONTEACT MILTG s Principal Business Office 5. State of Incorporation OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Nam Street Address Zip Street Address Street Address City THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address NOW! Street Address Street Address City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Par Value Number of Shares Par Value 100 OMMOU This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee FILED APR 1 4 2005 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 File Date Signature of Officer Chrck No FOR SECRETARY OF STATE USE ONLY Title of Officer



Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3010

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____ JULY _____

| Filing Period: January 1 - A (FORM MUST BE TYPED OR PRI: | | g Fee: \$50.00 | | | |
|---|----------------------------|---------------------------|--|---------------------------|---|
| 1 Corporate ID No. 86633 | 2. Name of Corporation | herr MK | 16 (coa) | | |
| 3 Street Address Principal Business | AUE- | | PAUTCH | State S. | 2.ip (12560 |
| | -2826 | | = Island | <u> </u> | 6. SIC Code |
| 7 Brief Description of the Character | of Business Conducted in F | thode Island | | | |
| 8. NAMES AND ADDRESSES President Name Political | OF THE OFFICERS: | ("X" BOX FOR ATTA | Vice President Name | ACES BEFORE USING A | ITACHMENTS |
| Stroet Address | | <u> </u> | Street Address | UUNE | |
| 33 KWU | State 5 | Zip Co. Land | City | State | Zip |
| KIVENSIPE | RE | 1º 02 415 | Treasurer Name | | |
| NC | WE_ | | | INL- | |
| Street Address | | | Street Address | | |
| Gty | State | Zip | City | State | Zip |
| 9. NAMES AND ADDRESSES | OF THE DIRECTOR | S: ("X" BOX FOR ATT. | | SPACES BEFORE USING | 75 (7) |
| Street Address O | - Ynffe | - | | NE- | S AP |
| 33 Kwu | | | Street Address | | |
| CAN RIVERSIDE | State RL | 2ip 02915 | Gity | State | Z(p 77 - 1 |
| Director Name | IUNL= | | Director Name | 10WE- | 3 CE C |
| Street Address | | | Street Address | | 01 |
| City | State | Z(p | City | State | Zip |
| 10. SHARES AUTHORIZED AUTHORIZED SHARES | "X" BOX FOR ATTA | CHMENT) [| 11. SHARES ISSUED ("A ISSUED SHARES | " BOX FOR ATTACHME | ן כינא ה |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
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| This report must be s | igned in ink by cithe | r the President, Vice Pre | esident, Secretary, Assistant | Secretary, Treasurer, Rec | eiver or Trustee |
| • | | | | | |

| Winder penalty of perjury. I declare and affirm that I have examined including any accompanying schedules and statements, and that all contained herein are yet and contest. | |
|--|---|
| Check No | e |



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

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| ovidence, | RI 02903-1335 |
| | 401.222.3010 |

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

| | | | | _ | |
|--|-----------------------------|---------------------------|---------------------------------------|--|--------------------------------|
| 1. Corpurate ID No. \$66.33 | 2. Name of Corporation | onhemer | - MXIE | (OR) | |
| 3. Street Address Principal Busines 727 LT95 | x Office | | City | 1-7 State | 20 cafac |
| 4. Business Phone No VIVI 726 | | 5 State of Incorporation | Rhop= | Islani | 6. SIC Code |
| 7. Brief Description of the Characte | er of Business Conducted in | Rhode Island | | -,,-,, | |
| 8. NAMES AND ADDRESSI | | : ("X" BOX FOR ATTA | CHMENT) FILL I | IN SPACES BEFORE USING | ATTACHMENTS |
| Ruber | 7 YATIC | | · · · · · · · · · · · · · · · · · · · | ven | |
| Sircel Address 33 K | PIVER ST | | Street Address | | |
| RIVERS 10E | State | ZIP C1415 | City | State | Zip |
| Secretary Name | | | Treasurer Name | MUM | |
| Street Address | • | | Street Address | | |
| City | State | Zip | Chy | State | Zip |
| 9. NAMES AND ADDRESSE | S OF THE DIRECTOR | S: (*X" BOX FOR ATT | ; ACHMENT) [FILE Director Name | . IN SPACES BEFORE USIN | G ATTACHMENTS |
| Ruber | + Ynthe | | | Wenc | S S |
| Street Address 33 Ri | ver ST | | Street Address | _ | CAE CAE |
| RIVESIDE | State PSI | 210 02415 | City: | State | # |
| Director Name | UWL- | | Director Name | WING- | P 29: |
| Stroy Address | | | Street Address | | 2 5 5 5 5 |
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| 10. SHARES AUTHORIZED AUTHORIZED SHARES | C"X" BOX FOR ATT | ACHMENT) | 11. SHARES ISSUED |) ("X" BOX FOR ATTACHA | I AENT) □ |
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| This report must be | signed in ink by either | er the President, Vice Pr | esident, Secretary, Assi | stant Secretary, Treasurer, R | eceiver or Trustee |
| | | LED | | | |
| | | 1 4 2005 | Under penalty of | perjury. Meclare and affirm tha | I I have examined this report. |
| | Ву | Conc | including any acc | ompanying schedules and state are true and copiecy | ments, and that all statements |
| File Date | | Chan | 0 5: | Murff | |
| Check No. | | - C-4,505 | Signature of Officer | Pullert Und | Date |
| Ву: | | _ | Print or Type Name | <i>17</i> " | <u> </u> |
| FOR SECRETARY OF S | TATE USE ONLY | | Title of Officer | JESINCAI | |



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

Matthew A. Brown, Secretary of State

| PROFIT CORPORATION | ANNUAL REPORT FOR | THE YEAR |
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| Filing Period: January 1 - March 1 • | Filing Fee: \$50.00 | |

(FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Comomic, ID No. 2. Name of Corporation MKTG (CIR) LIONHCATT 3 Street Address Principal Business Office "Printick+ 1" Rhad Islands 02860 727 EAST AVĒ 4 Business Phone No. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name NOWE Street Address Street Address 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name cobert NONE Street Address Director Name NUNE NUNE Street Address Street Address City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Number of Shares Par Value This report must be signed in ink by can the President. Vice President. Secretary. Assistant Secretary, Treasurer, Receiver or Trustee APR 1 4 2005 By rm Under penalty of perjury/1 declare and affirm that I have examined this report. including any accompanying schedules and statements, and that all statements contained herein are true and corlege Date FOR SECRETARY OF STATE USE ONLY

Title of Office



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

Matthew A. Brown, Secretary of State

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| PROFIT CORPO Filing Period: January 1 - (FORM MUST BE TYPED OR PR. | March 1 • Filin | NUAL REPORT g Fec: \$50.00 | FOR THE YE | ar <u> 1996</u> | , |
|---|-----------------------|-------------------------------|---------------------------------|--|--------------------------------|
| 1. Corporate II) No. 86633 | 2 Name of Corporation | Con MKI | 6 CORP | | . • |
| 3 Street Address Principal Busines | Office AUE | | Prurucu | LT State RI | 02860 |
| 4 Bustness Phone No. 10/ 726 | - | 5. State of Incorporation | 1- FS/An) |) | 6. SIC Code 3074 |
| 7. Brief Description of the Characte 8. NAMES AND ADDRESSE President Name COCCT | S OF THE OFFICERS | | Vice President Name | N SPACES BEFORE USING | G ATTACHMENTS |
| Sircei Address 33 Russ | y 5T | | Street Address | | |
| RIVERSIOG- | State RI | 24 02915 | City | State | Zıp |
| Sucretary Name WOW Street Address | 4- | | Treasurer Name Street Address | weal- | ·····I |
| City | State | Zip | City | State | Zip |
| 9. NAMES AND ADDRESSE Director Name RUDAR | s of the director | S: (*X" BOX FOR ATT | : TACHMENT) | IN SPACES BEFORE USIS | NG ATTACHMENTS |
| Sired Address RWE | 11 | | Street Address | | 7.PR |
| RIVEASIOG- | State RI | 24 02915 | City | State | 4 |
| Director Name /// | 1au (| | Director Name | wear- | PH STEEL |
| Street Address | | | Street Address | <u> </u> | 25 ZH |
| Chy | State | Zip | Cuy | State | Zip |
| 10. SHARES AUTHORIZED AUTHORIZED SHARES | ("X" BOX FOR ATTA | ACHMENT) 🗌 | 11. SHARES ISSUED ISSUED SHARES | ("X" BOX FOR ATTACH | MENT) |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
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| This report must be | cland in lab to the | and Durid at 10 D | | | |
| This report must be | FILE | D | resident, Secretary, Assis | tant Secretary, Treasurer, I | Receiver or Trustee |
| Etta Dava | APR 1 4 2 | mc | including any acco | erjury. I declare and affirm the impair ing schedules and stati regard and correct | at I have examined this report |
| File Date Check No. | | C63254 | Signature of Officer | purps | Date |
| By:FOR SECRETARY OF ST | FATE USE ONLY | | Print or Type Name | of Officer LSIDCAN | |

Title of Officer