

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

. Corporate ID No. 98533	2. Name of Corp	poration NARKETING CONCEI	PTS. INC.				
Street Address Principal Bus	<u> </u>		City	State	Zip		
61 Wilson Avenue	iness Office		Johnston	RI	02919		
Business Phone No.		5. State of Incorpora			6. SIC Code		
351-2151	•	Rhode Island			7716		
Brief Description of the Cha	racter of Business Co	onducted in Rhode Island	· · · · ·				
Creating advertising	ng marketing	concepts for prom	otional sales				
	SES OF THE O	FICERS ("X" BOX FOR	ATTACHMENT) FILL IN SI	PACES BEFORE USING	ATTACHMENTS		
resident Name	_		Vice President Name	COMO			
ichael Maggiacoπ rect Address	10		Street Address	. Michael Maggiacomo			
1700 August 1800 Avenue			.61 Wilson Aven	ue			
iny	State	Zip	City	State	Zip		
Johnston	RI	02919	Johnston	RI	02919		
cretary Name			Treasurer Name	'			
ichael Maggiacom	10		Michael Maggia	como			
ireei Address			* Street Address	* Street Address			
Same			.Same				
lity	State	Zip	City	State	Zip		
	SSES OF THE DO	RECTORS ("X" BOX FO	OR ATTACHMENT) FILL IN	SPACES BEFORE USI	NG ATTACHMENTS		
Director Name	R_{ij}			te transition of the second			
			Street Address				
ireei Address			· Sireer Address				
iny	State	Zip	·Ciry	State	Zip		
y			•		'		
Director Name			Director Name				
Street Address			*Street Address	-			
City	State	Zip	.Ciry	State	Zip		
y		,	•				
10. SHARES AUTHORIZ	ZED CX" BOX FO	OR ATTACHMENT) []	11. SHARES ISSUED (*	'X" BOX FOR ATTACHN	IENT)		
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES		ISSUED SHARES					
	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
lumber of Shares			None				
Number of Shares			None				
Number of Shares	oar value						
Number of Shares	oar value						
Jumber of Shares 1,000 Common No p							
Number of Shares 3,000 Common No p		her the President, Vic	e President, Secretary, Ass	istant Secretary, Tre	easurer, Receiver or Tr		
Number of Shares 3,000 Common No p		her the President, Vic	e President, Secretary, Ass	islant Secretary, Tre	easurer, Receiver or Tr		
Number of Shares 3,000 Common No p		her the President, Vic	e President, Secretary, Ass	istant Secretary, Tre	easurer, Receiver or Tr		
Number of Shares 3,000 Common No p		ther the President, Vic			2		
Number of Shares 3,000 Common No p		her the President, Vic	Under penalty of p	erjury, I declare and affi	irm that I have examined		
Number of Shares 3,000 Common No p		her the President, Vic	Under penalty of p this report, includi	erjury, 1 declare and affi ng any accompanying so	irm that I have examined chedules and statements,		
Number of Shares 3,000 Common No p		her the President, Vic	Under penalty of p this report, includi	erjury, I declare and affi	irm that I have examined chedules and statements,		
Number of Shares 3,000 Common No p	acd in ink by eit		Under penalty of p this report, including and that all statemen	erjury, 1 declare and affi ng any accompanying so	irm that I have examined chedules and statements,		
Number of Shares 3,000 Common No p This report must be sign 9 8 5	acd in ink by eit		Under penalty of p this report, includir and that all stateme	erjury, I declare and affing any accompanying so	irm that I have examined chedules and statements,		
Number of Shares 3,000 Common No p This report must be sign 9 8 5	acd in ink by eit	her the President, Vic	Under penalty of p this report, including and that all statements Signature of Officer Michael Ma	erjury, I declare and affing any accompanying so ents contained herein and aggiacomo	irm that I have examined chedules and statements, e true and correct.		
And Common No process of the page of the p	acd in ink by eit		Under penalty of p this report, includir and that all stateme Signature of Officer Michael Ma Print or Type Name of	erjury, I declare and affing any accompanying so ents contained herein and aggiacomo	irm that I have examined chedules and statements, e true and correct.		
Number of Shares 3,000 Common No p This report must be sign 9 8 5	ned in ink by eit		Under penalty of p this report, including and that all statements Signature of Officer Michael Ma	erjury, I declare and affing any accompanying so ents contained herein and aggiacomo	irm that I have examined chedules and statements, e true and correct.		



(FORM MUST BE TYPED OR PRINTED IN BLACK)

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PITASERIAD PASTREE PROXY

I. Corporate ID No.	2. Name of Corpora	ition				
98533		MARKETING CO	NCEPTS, INC.	·- ,-··		
3. Street Address Principal Busines	s Office		City	State	Zip	
61 Wilson 4. Business Phone No.	Avenue	S. State of Incorporation	Johnston	RI	02919 6. SIC Code	
351-2151		Rhode 1	Island		7716	
7. Brief Description of the Charact	er of Business Conducted	in Rhode Island				
			Oneepts for promo ACHMENT 3 FILL IN SPACES Vice President Name			
Michael Ma	aggiacomo		Michael Street Address	Maggiacomo		
61 Wilson	Avenue		61 Wilso	on Avenue		
City	State	Zip	City	State	Zip	
Johnston Secretary Name	RI	02919	Johnston Treasurer Name	RI	02919	
Michael Ma	aggiacomo		Michael Maggiacomo			
Street Address			Street Address			
Same			: Same			
City	State	Zîp	City	State	Zip	
Street Address	<u>-</u>		Street Address		••	
City	State	Zip	Сиу	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
10. SHARES AUTHORIZI AUTHORIZED SHARES	ED ("X" BOX FOR ATT	ACHMENT)	SUED SHARES ISSUED (BOX FOR ATTACHMEN	7)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
8,000 Com	mon No par	value	None			
This report must be size			e President, Secretary, Assi	stant Secretary Treas	airer. Receiver or Trust	
mo report must be sign	were in the DA CIC	ner the freshdent, vic	ic i residenti, secretary, Assi	Stant Secretary, 11eas	aici, neceivei oi ilust	
_					-	

File Date:

Check No.:

By:

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.

Michael Mouse

Michael Maggiacomo

Print or Type Name of Officer

President

Title of Officer

Form 630 12/02

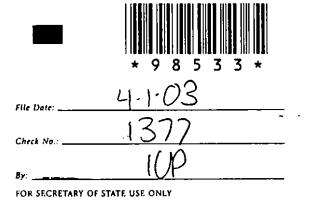
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 98533 UNIQUE MARKETING CONCEPTS, INC. City State 3. Street Address Principal Business Office 02919 Johnston RT 61 Wilson Avenue 6. SIC Code 4. Business Phone No. 5. State of Incorporation 351-2151 7716 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island Creating advertising marketing concepts for promotional sales FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name Michael Maggiacomo Michael Maggiacomo Street Address Street Address 61 Wilson Avenue 61 Wilson Avenue City State Zip State 2.10 City 02919 02919 RI Johnston RI Johnston • • Treasurer Name Secretary Name Michael Maggiacomo Michael Maggiacomo Street Address Street Address Same Same City Zip State City FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Street Address Street Address Zip City Zip City State **Director Name** Director Name Street Address Street Address State Zip City City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 8,000 COMM NO PAR VALUE 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.

Signature of Officer

Date

Michael Maggiacomo

Print or Type Name of Officer
President





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

					2000
PROFIT CORI		I ANNUAL RE	PORT FOR TH	HE YEAR	2002 STO PLEASE REL
FORM MUST BE TYPED IN BI	LACK)				
. Corporate ID No. 98533	2. Name of Corpo UNIQUE N	Tation	vc.		
. Street Address Principal Busine	ss Office		City	State	zip 02919
61 Wilson Av	enue		Johnsto	n RI	-
. Rusiness Phone No.		5. State of Incorporation			6. SIC Code 7716
351-2151		RHODE ISLAN	U		7710
Bitef Description of the Charac Creating adv	eter of Business Conducted Pertising M	in Rhode Island arketing conce	pts for promot	ional sales	
B. NAMES AND ADDRE	ESSES OF THE OF	FICERS ("X" BOX FOR ATTA	Vice President Name	es before using at	TTACHMENTS
Michael Magg	jiacomo		Michael M	aggracomo	
treet Address			Street Address SAME		
61 Wilson Av		71-	City	State	Zip
City	State RI	71p 02919	City	Juli	*··r
Johnston ecretary Name	KI		Treasurer Name	•	
Michael Magg	riacomo		Michael M	aggiacomo	
ireer Address	,14000		Street Address		
Same			Same		
City	State	Zip	City	State	Zip
D. NAMES AND ADDRE	ESSES OF THE DII	RECTORS (*X* BOX FOR AT	TACHMENT) FILL IN SPA Director Name	CES BEFORE USING	ATTACHMENTS
treet Address			Street Address		
Sity	State	Zip	City	Stale	Zip
Director Name			Director Name	• ••	
treet Address			Street Address		

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

City

ESPINIS CHIUSZI

Number of Shares

None



State

Class/Series

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

City

AUTHORIZED SHARES

8,000 COMM NO PAR VALUE

FOR SECRETARY OF STATE USE ONLY

Number of Shares

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements consained berein are true and correct.

Zip

Par Value

State

Class/Series

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

Michael Maggiacomo

Print or Type Name of Officer

President

Title of Officer 5 5

Signature of Officer

Form 630 12/01

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No 98533

Name of Corporation UNIQUE MARKETING CONCEPTS, INC.

3.	Street	Address	Principal	Business	Office

City

State

Zip

l Wilson Avenue

Johnston

RΙ

02919 6. SIC Coge

4. Business Phone No.

S. State of Incorporation RHODE ISLAND

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

Creating, advertising and marketing concepts for promotional sales 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name

Michael Maggiacomo Street Address

Same

City

Zip

Michael Maggiacomo

Michael Maggiacomo

Street Address

Same

Treasurer Name

City

State

Zip

Secretary Name

Michael Maggiacomo

Street Address

Same City

State

ZIP

Same

City

State

Zip

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

Street Address

City

Director Name

Street Address

City

State

State

Zip

Zip

Street Address

City

State

Zip

Director Name

Street Address

City

State

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

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Serles

Par Value

ISSUITED SHARES Number of Shares

Class/Serles

Par Value

8,000 COMM NO PAR VALUE

none

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



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.

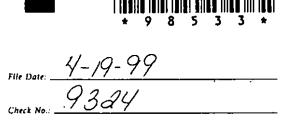
Form 630 12/00



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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. 2. Name of Corporation UNIQUE MARKETING CONCEPTS, INC. 3. Street Address Principal Business Office State 949 Park Avenue Cranston 4. Rusiness Phone No. 5. State of Incorporation **RHODE ISLAND** 7. Brief Description of the Character of Business Conducted in Rhode Island Creating advertising marketing concepts for promotional sales 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name PIETRO MAGGIACOMO MICHAEL MAGGIACOMO Street Address Street Address 1 Wilson Avenue 1 Wilson Avenue Johnston, RI 02919 02919 Johnston Johnston Treasurer Name Secretary Name MICHAEL MAGGIACOMO BARBARA MAGGIACOMO Street Address Street Address same same City State 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address Zip City State Director Name Street Address Street Address City State Zip 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Par Value Number of Shares Number of Shares Class/Series 8,000 COMM NO PAR VALUE none This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Print or Type Name of Officer

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and ratements contained herein are true and correct.

Title of Officer

FOR SECRETARY OF STATE USE ONLY



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BL	ACK)				
1. Corporate ID No.	2. Name of Corporat	ion		• · • • • • • · ·	
98533	UNIQUE MAR	RKETING CONCEP	TS, INC.		
3. Street Address Principal Busines	s Office		City	State	ZIp
949 Park Avenu	ıe		Cranston	RI	02919
4. Business Phone No.		5. State of Incorpora			6. SIC Code
		RHODE ISL	AND		7716
7. Brief Description of the Charact					
_	_	-	ncepts for promo		
8. NAMES AND ADDRE	SSES OF THE OFFI	CERS ("X" BOX FOR A		S BEFORE USING ATTA	CHMENTS
President Name			Vice President Name		and Marie ou
Michael Ma	aggiacomo		-Piero M ag	idracomo——124	NGANA MAGGIA CAM
Street Address	1		Street Address 61 Wilson	Arronno	
61 Wilson A	State	715	GI WITSOII	State	ZIp 00010
Johnston	RI RI	^{zip} 02919	Johnston	RI	02910
Secretary Name	•		Treasurer Name	• • • • • • • • • • • •	•
Barbara Maggia	acomo		Michael Ma	ggiacomo	
Street Address			Street Address	33	
Same			Same		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRE	SSES OF THE DIRE	CTORS ("X" BOX FOR		CES BEFORE USING AT	TACHMENTS
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	. City	State	Zip
Director Name		• • • • •	Director Name		•
Street Address			Street Address		
Tites Maniers			2016ct Maniess		
City	State	Ζιρ	City	State	Zip
			•		
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATTA	(CHMENT)		("X" BOX FOR ATTACHME	NT)
AUTHORIZED SHARES			ESTANIES CETUZED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 COMM NO P	AR VALUE		Nonl		

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

File Date:	_
Check No.:	_

FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Michael Maggiacomo Print or Type Name of Officer

Under penalty of perjury, I declare and affirm that I have examined

Title of Officer