



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 IN BLACK)

1. Corporate ID No. 98533		2. Name of Corporation UNIQUE MARKETING CONCEPTS, INC.					
3. Street Address Principal Business Office 61 Wilson Avenue		City Johnston	State RI	Zip 02919			
4. Business Phone No. 351-2151		5. State of Incorporation Rhode Island		6. SIC Code 7716			
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name Michael Maggiacomo		Vice President Name Michael Maggiacomo					
Street Address 61 Wilson Avenue		Street Address 61 Wilson Avenue					
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919		
Secretary Name Michael Maggiacomo		Treasurer Name Michael Maggiacomo					
Street Address Same		Street Address Same					
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		Director Name					
Street Address		Street Address					
City	State	Zip	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					11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares		Class/Series	Par Value	Number of Shares		Class/Series	Par Value
8,000		Common	No par value	None			

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



9 8 5 3 3

**FILED**  
File Date **MAR 28 2005** M21  
Check No. **By** LM  
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 Maggiacomo 3/14/05  
Signature of Officer Date  
Michael Maggiacomo  
Print or Type Name of Officer  
President  
Title of Officer



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



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.	2. Name of Corporation		
98533	UNIQUE MARKETING CONCEPTS, INC.		
3. Street Address Principal Business Office	City	State	Zip
61 Wilson Avenue	Johnston	RI	02919
4. Business Phone No.	5. State of Incorporation	6. SIC Code	
351-2151	Rhode Island	7716	
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) 1. FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name				
Michael Maggiacomo	Michael Maggiacomo				
Street Address	Street Address				
61 Wilson Avenue	61 Wilson Avenue				
City	City	State	Zip		
Johnston	RI	02919	Johnston	RI	02919
Secretary Name	Treasurer Name				
Michael Maggiacomo	Michael Maggiacomo				
Street Address	Street Address				
Same	Same				
City	City	State	Zip		

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

Director Name	Director Name		
Street Address	Street Address		
City	City	State	Zip
Director Name	Director Name		
Street Address	Street Address		
City	City	State	Zip

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
8,000 Common No par value	None		

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

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.

Signature of Officer: Michael Magg Date: 2-28-04

Print or Type Name of Officer: Michael Maggiacomo  
President

Title of Officer



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.		2. Name of Corporation	
98533		UNIQUE MARKETING CONCEPTS, INC.	
3. Street Address Principal Business Office		City	State
61 Wilson Avenue		Johnston	RI
4. Business Phone No.		5. State of Incorporation	
351-2151		RHODE ISLAND	
6. SIC Code		Zip	
7716		02919	
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			
President Name		Vice President Name	
Michael Maggiacomo		Michael Maggiacomo	
Street Address		Street Address	
61 Wilson Avenue		61 Wilson Avenue	
City	State	City	State
Johnston	RI	Johnston	RI
Zip	02919	Zip	02919
Secretary Name		Treasurer Name	
Michael Maggiacomo		Michael Maggiacomo	
Street Address		Street Address	
Same		Same	
City	State	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	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	Number of Shares	Class/Series
8,000 COMM NO PAR VALUE		None	
Par Value		Par Value	

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



\* 9 8 5 3 3 \*

File Date: 4-1-03  
Check No.: 1377  
By: IUP  
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: 2/16/03  
Michael Maggiacomo  
Print or Type Name of Officer  
President

Title of Officer  
5



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

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



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. 98533 2. Name of Corporation UNIQUE MARKETING CONCEPTS, INC.  
3. Street Address Principal Business Office City Johnston State RI Zip 02919  
61 Wilson Avenue  
4. Business Phone No. 351-2151 5. State of Incorporation RHODE ISLAND 6. SIC Code 7716

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

President Name <u>Michael Maggiacomo</u>	Vice President Name <u>Michael Maggiacomo</u>
Street Address <u>61 Wilson Avenue</u>	Street Address <u>same</u>
City <u>Johnston</u> State <u>RI</u> Zip <u>02919</u>	City <u>same</u> State <u>RI</u> Zip <u>02919</u>
Secretary Name <u>Michael Maggiacomo</u>	Treasurer Name <u>Michael Maggiacomo</u>
Street Address <u>Same</u>	Street Address <u>Same</u>
City <u>Johnston</u> State <u>RI</u> Zip <u>02919</u>	City <u>same</u> State <u>RI</u> Zip <u>02919</u>

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

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>8,000 COMM NO PAR VALUE</u>		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>None</u>		

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



\* 9 8 5 3 3 \*

File Date: 3-6-02  
Check No.: 3259  
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] 2/20/02  
Signature of Officer Date  
Michael Maggiacomo  
Print or Type Name of Officer  
President

Title of Officer  
5



STATE OF RHODE ISLAND  
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Office of the Secretary of State

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** 2. Name of Corporation **UNIQUE MARKETING CONCEPTS, INC.**  
3. Street Address Principal Business Office City State Zip  
**1 Wilson Avenue Johnston RI 02919**  
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7716**

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

President Name

Michael Maggiasco

Street Address

Same

City State Zip

Vice President Name

Michael Maggiasco

Street Address

Same

City State Zip

Secretary Name

Michael Maggiasco

Street Address

Same

City State Zip

Treasurer Name

Michael Maggiasco

Street Address

Same

City State Zip

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

Director Name

Street Address

City State Zip

Director Name

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

8,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value

none

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



\* 9 8 5 3 3 \*

File Date: 6/28/01

Check No.: 1332

By: GAB

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 P. Maggiasco 3-18-01  
Signature of Officer Date

MICHAEL P. MAGGIASCO  
Print or Type Name of Officer

PRESIDENT  
Title of Officer



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

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. <b>98533</b>		2. Name of Corporation <b>UNIQUE MARKETING CONCEPTS, INC.</b>	
3. Street Address Principal Business Office <b>949 Park Avenue</b>		City <b>Cranston</b>	State <b>RI</b>
4. Business Phone No.		5. State of Incorporation <b>RHODE ISLAND</b>	Zip <b>02910</b>
6. SIC Code <b>7716</b>			
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Creating advertising marketing concepts for promotional sales</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>MICHAEL MAGGIACOMO</b>		Vice President Name <b>PIETRO MAGGIACOMO</b>	
Street Address <b>1 Wilson Avenue Johnston,</b>		Street Address <b>1 Wilson Avenue</b>	
City <b>Johnston</b>	State <b>RI</b>	City <b>Johnston</b>	State <b>RI</b>
Zip <b>02919</b>		Zip <b>02919</b>	
Secretary Name <b>BARBARA MAGGIACOMO</b>		Treasurer Name <b>MICHAEL MAGGIACOMO</b>	
Street Address <b>same</b>		Street Address <b>same</b>	
City	State	City	State
Zip		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>8,000 COMM NO PAR VALUE</b>		<b>none</b>	
Par Value		Par Value	

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



File Date: **4-19-99**  
Check No.: **9324**  
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.

**Michael Maggioromo** 4-16-99  
Signature of Officer Date

Print or Type Name of Officer

Title of Officer



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
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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.		2. Name of Corporation			
98533		UNIQUE MARKETING CONCEPTS, INC.			
3. Street Address Principal Business Office		City	State	Zip	
949 Park Avenue		Cranston	RI	02919	
4. Business Phone No.	5. State of Incorporation		6. SIC Code		
	RHODE ISLAND		7716		
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					
President Name		Vice President Name			
Michael Maggiacomo		<del>Piero Maggiacomo</del> BARBARA MAGGIACOMO			
Street Address		Street Address			
61 Wilson Avenue		61 Wilson Avenue			
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02910
Secretary Name		Treasurer Name			
Barbara Maggiacomo		Michael Maggiacomo			
Street Address		Street Address			
Same		Same			
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		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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
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



\* 9 8 5 3 3 \*

File Date: 5/1/00

Check No.: 1041

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] 4-28-00  
Signature of Officer Date

Michael Maggiacomo

4/28/00

Print or Type Name of Officer

Title of Officer