



**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)

1. Corporate ID No. 67735		2. Name of Corporation J.C.M. Design & Display, Inc.			
3. Street Address Principal Business Office 1973 ELMWOOD AVE			City CRANSTON	State RI	Zip 02910
4. Business Phone No. 401-781-0470		5. State of Incorporation RHODE ISLAND		6. SIC Code 0	
7. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURES REPRESENTATIVE AND BROKER BUYING AND SELLING OFFPOINT OF PURCHASE DISPLAY MERCHANDISING & PACKAGING					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOSEPH C. MARTINS			Vice President Name SAME		
Street Address 205 DEERFIELD RD.			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
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"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			0	COMMON	no Value

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: 1-20-05  
Check No. 2038  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

Signature of Officer: [Signature] Date: 1-03-05  
Print or Type Name of Officer: JOSEPH MARTINS  
Title of Officer: PRESIDENT



**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. 67735		2. Name of Corporation J.C.M. Design & Display, Inc.			
3. Street Address Principal Business Office 1473 ELMWOOD AVE			City CRANSTON	State R.I.	Zip 02910
4. Business Phone No. 401-781-0470		5. State of Incorporation RHODE ISLAND		6. SIC Code 0	
7. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURES REPRESENTATIVE AND BROKER BUYING AND SELLING OFFPOINT OF PURCHASE DISPLAY MERCHANDISING & PACKAGING					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOSEPH C. MARTINS			Vice President Name SAME		
Street Address 205 DEERFIELD RD.			Street Address		
City CRANSTON	State R.I.	Zip 02920	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
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"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			0		

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



\* 6 7 7 3 5 \*

File Date: 12/31/03  
Check No.: 1809  
By: GMB  
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: Joseph C. Martins Date: 12-28-03  
Print or Type Name of Officer: JOSEPH C. MARTINS  
Title of Officer: PRESIDENT



**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. **67735** 2. Name of Corporation **J.C.M. Design & Display, Inc.**  
3. Street Address Principal Business Office **1473 ELMWOOD AVE CRANSTON R.I 02910**  
4. Business Phone No. **401-781-0470** 5. State of Incorporation **RHODE ISLAND**  
6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**SALES-BROKER - MFG. OF FIXTURES - POINT OF PURCHASE DISPLAYS - SIGNS**

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

President Name <b>JOSEPH C MARTINS</b>	Vice President Name <b>SAME</b>
Street Address <b>205 DEERFIELD RD.</b>	Street Address
City <b>CRANSTON R.I 02920</b>	City State Zip
Secretary Name <b>SAME</b>	Treasurer Name <b>SAME</b>
Street Address	Street Address
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)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<b>1,000 COMM NO PAR VALUE</b>		

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>0</b>		

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



File Date: **3-3-03**  
Check No.: **1000**  
By: **UP**

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: **Joseph C. Martins** Date: **2-28-03**  
Print or Type Name of Officer: **JOSEPH C. MARTINS**  
Title of Officer: **PRESIDENT**



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. 67735 2. Name of Corporation J.C.M. Design & Display, Inc.

3. Street Address Principal Business Office 1423 ELMWOOD AVE City CRANSTON State RI Zip 02910

4. Business Phone No. 401-781-0970 5. State of Incorporation RHODE ISLAND 6. SIC Code 0

7. Brief Description of the Character of Business Conducted in Rhode Island  
SALES/BROKER & MFG. OF FIXTURES/POINT OF PURCHASE DISPLAYS.

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

President Name JOSEPH C. MARTINS Vice President Name SAME  
Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Secretary Name SAME. Treasurer Name SAME.  
Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
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)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
1,000 COMM NO PAR VALUE

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
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 schedules and statements, and that all statements contained herein are true and correct.

File Date: 12/9/02  
Check No.: 1278  
By: [Signature]

Signature of Officer: [Signature] Date: 1-07-02  
Print or Type Name of Officer: JOSEPH MARTINS  
Title of Officer: PRESIDENT



**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. **67735** 2. Name of Corporation **J.C.M. Design & Display, Inc.**

3. Street Address Principal Business Office **1473 ELMWOOD AVE** City **CRANSTON** State **RI** Zip **02910**

4. Business Phone No. **401-781-0470** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**SALES/BROKER & MFG. OF FIXTURES & POINT OF PURCHASE DISPLAYS.**

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

President Name **JOSEPH C. MARTINS** Vice President Name **SAME**  
Street Address \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Secretary Name **SAME** Treasurer Name **SAME**  
Street Address \_\_\_\_\_ Street Address \_\_\_\_\_

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)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000 SHS COMM NO PAR VAL		

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	0		

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



\* 6 7 7 3 5 \*

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: **2/13**

Check No.: **1117**

By: **[Signature]**

Signature of Officer **[Signature]** Date **1-12-01**

Print or Type Name of Officer **JOSEPH MARTINS**

Title of Officer **PRESIDENT**



**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. **67735** 2. Name of Corporation **J.C.M. Design & Display, Inc.**  
3. Street Address Principal Business Office **1473 ELMWOOD AVE.** City **CRANSTON** State **RI** Zip **02910**  
4. Business Phone No. **401-781-0170** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Sales/Order & Mfg. Fixtures & Point of Purchase Displays -**

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

President Name <b>JOSEPH C. MARTINS</b>	Vice President Name <b>SAME</b>
Street Address <b>205 DEERFIELD RD.</b>	Street Address
City <b>CRANSTON</b> State <b>RI</b> Zip <b>02920</b>	City State Zip
Secretary Name <b>SAME</b>	Treasurer Name <b>SAME</b>
Street Address	Street Address
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)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>1,000 SHS COMM NO PAR VAL</b>		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>500</b>	<b>COMMON</b>	<b>NO VALUE</b>

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



\* 6 7 7 3 5 \*

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: **3-17-100**  
Check No.: **3747**  
By: **[Signature]**

Signature of Officer: **[Signature]** Date: **1-15-2000**  
Print of Type Name of Officer: **JOSEPH C. MARTINS**  
Title of Officer: **PRESIDENT**



**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. **67735** 2. Name of Corporation **J.C.M. Design & Display, Inc.**

3. Street Address Principal Business Office **1473 ELMWOOD AVE** City **CRANSTON** State **RI** Zip **02910**

4. Business Phone No. **401-781-0470** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Sales/Broker & MFG. FIXTURES & POINT OF PURCHASE DISPLAYS**

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

President Name <b>JOSEPH C. MARTINS</b>	Vice President Name <b>SAME</b>
Street Address <b>205 DEERFIELD RD.</b>	Street Address
City <b>CRANSTON</b> State <b>RI</b> Zip <b>02920</b>	City State Zip
Secretary Name <b>SAME</b>	Treasurer Name <b>SAME</b>
Street Address	Street Address
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	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
<b>1,000 SHS COMM NO PAR VAL</b>	<b>500 COMMON NO VALUE</b>

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



\* 6 7 7 3 5 \*

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: 3/11/99

Check No.: 3399

By: [Signature]

Signature of Officer: [Signature] Date: 3/11/98

Print or Type Name of Officer: JOSEPH C. MARTINS

Title of Officer: PRESIDENT



**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. **67735** 2. Name of Corporation **J.C.M. Design & Display, Inc.**  
3. Street Address Principal Business Office **1473 ELMWOOD AVE.** City **CRANSTON** State **RI** Zip **02910**  
4. Business Phone No. **401-781-0970** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
**SALES/BROKER & MFG. FIXTURES & POINT OF PURCHASE DISPLAYS.**

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

President Name <b>JOSEPH C. MARTINS</b>	Vice President Name <b>SAME</b>
Street Address <b>205 DEERFIELD RD.</b>	Street Address
City <b>CRANSTON</b> State <b>RI.</b> Zip <b>02920</b>	City State Zip
Secretary Name <b>SAME.</b>	Treasurer Name <b>SYLVIA A. MARTINS</b>
Street Address	Street Address <b>205 DEERFIELD RD.</b>
City State Zip	City <b>CRANSTON</b> State <b>RI</b> Zip <b>02920</b>

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

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	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
<b>1,000 SHS COMM NO PAR VAL</b>	<b>500 COMMON NO Value.</b>

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: **3-20-98**  
Check No.: **3089**  
By: **ICP**  
FOR SECRETARY OF STATE USE ONLY

Signature of Officer: **[Signature]** Date: **3/12/98**  
Print or Type Name of Officer: **JOSEPH C. MARTINS**  
Title of Officer: **President**



**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. **67735** 2. Name of Corporation **JCM Sales, Inc.**  
3. Street Address Principal Business Office **655 ELMWOOD AVE** City **CRANSTON** State **RI** Zip **02910**  
4. Business Phone No. **401-781-0470** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island.  
**Sales/Broker & MFG. FIXTURES & Point of Purchase Displays.**

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

President Name <b>JOSEPH MARTINS</b>	Vice President Name <b>SAME.</b>
Street Address <b>205 DEERFIELD RD.</b>	Street Address
City <b>CRANSTON</b> State <b>RI</b> Zip <b>02920</b>	City State Zip
Secretary Name <b>SAME</b>	Treasurer Name <b>SYLVIA A. MARTINS</b>
Street Address	Street Address <b>SAME.</b>
City State Zip	City State Zip

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

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 AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 SHS COMM NO PAR VAL</b>			<b>500</b>	<b>COMMON</b>	<b>NO</b>

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: **1/15/97**  
Check No.: **2703**  
By: **ccr/wll**

Signature of Officer: **[Signature]** Date: **12/26/96**  
Print or Type Name of Officer: **JOSEPH C. MARTINS**  
Title of Officer: **PRESIDENT.**

# 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. 67735		2. NAME OF CORPORATION JCM Sales, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1655 ELMWOOD AVE			CITY CRANSTON	STATE RI	ZIP CODE 02910
4. BUSINESS PHONE NO. 401-781-0470		5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND SALES/BROKER & MFG. Fixtures & P.O.P. Displays.					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME JOSEPH MARTINS			VICE PRESIDENT NAME SAME		
STREET ADDRESS 205 DEERFIELD RD.			STREET ADDRESS		
CITY CRANSTON	STATE RI	ZIP CODE 02920	CITY	STATE	ZIP CODE
SECRETARY NAME SAME			TREASURER NAME SYLVIA A. MARTINS		
STREET ADDRESS			STREET ADDRESS 205 DEERFIELD RD.		
CITY	STATE	ZIP CODE	CITY CRANSTON	STATE RI	ZIP CODE 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS	COMM NO PAR VAL		500	Common	NO VALUE.

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: 1/31/96  
Check No: 2360  
By: *cc/tp*

Signature of Officer: *Joseph Martins*  
Print or Type Name of Officer: JOSEPH MARTINS  
Title of Officer: PRESIDENT  
Date: 1/31/96

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

Corporate ID: 0067735 Annual Report for the year: 1995

Name of Corporation: JCM Sales, Inc.

Business entity organized under the laws of the State of: R.I.

Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

For foreign entity, address and telephone number of principal office:  
1655 Elmwood Ave.  
Cranston R.I. 02910

Brief statement of the character of business conducted in Rhode Island:  
MANUFACTURER BROKER  
BUYING & SELLING POINT OF  
PURCHASE DISPLAY MERCHANDISING  
AND PACKAGING.

Phone: (401) 721-0470

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
1655 Elmwood Ave.  
Cranston R.I. 02910

Phone: (401) 721-0470

**THE NAMES OF THE OFFICERS ARE:**

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>JOSEPH C. MARTINS</u>	<u>205 DEERFIELD Rd</u>	<u>Cranston RI</u>	<u>02920</u>
VICE PRESIDENT <u>JOSEPH C. MARTINS</u>	<u>u</u>	<u>u</u>	<u>u</u>
SECRETARY <u>JOSEPH C. MARTINS</u>	<u>u</u>	<u>u</u>	<u>u</u>
TREASURER <u>SYLVIA A. MARTINS</u>	<u>u</u>	<u>u</u>	<u>u</u>

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>N/A</u>			
<u>N/A</u>			
<u>N/A</u>			

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
<u>1000</u>	<u>COMMON</u>	<u>500</u>	<u>COMMON</u>
	<u>NO PAR</u>		<u>NO PAR.</u>

Date: 1/1 19 95 By: [Signature]

PRINT OR TYPE NAME OF OFFICER SIGNING: JOSEPH MARTINS  
 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.

~~JOSEPH C. MARTINS~~  
 205 DEERFIELD ROAD  
 CRANSTON RI 02920

**FILED**

JAN 19 1995  
 By: [Signature]

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

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

Corporate ID: 0067735 Annual Report for the year: 1994

Name of Business Entity: JCM Sales, Inc.

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:

Phone: ( )

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

JCM Sales Inc  
205 DEERFIELD R  
CRANSTON R.I. 02920

Phone: (401) 781-0470

Business Entity is (check one)

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

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

JOSEPH MARTINS PRESIDENT  
205 DEERFIELD RD.  
CRANSTON, R.I. 02920

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

OPERATES AS A BROKER/MFG.  
REPRESENTATIVE.

Date of Organization: APRIL 9, 1992

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

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> PRESIDENT (Check One) JOSEPH C. MARTINS	205 DEERFIELD RD.	CRANSTON R.I.	02920
<input type="checkbox"/> VICE PRESIDENT (Check One) JOSEPH C. MARTINS	205 DEERFIELD RD	CRANSTON R.I.	02920
<input type="checkbox"/> SECRETARY (Check One) JOSEPH C. MARTINS	205 DEERFIELD RD.	CRANSTON R.I.	02920
<input checked="" type="checkbox"/> TREASURER (Check One) SYLVIA A. MARTINS	205 DEERFIELD RD.	CRANSTON R.I.	02920

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
JOSEPH C. MARTINS	205 DEERFIELD RD	CRANSTON R.I.	02920

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER <u>1000</u>	NUMBER <u>500</u>
CLASS	CLASS
SERIES	SERIES
PAR VALUE OR WITHOUT PAR <u>NO PAR Value</u>	PAR VALUE OR WITHOUT PAR <u>NO PAR Value.</u>

**STAMPED**  
FEB 23 1994  
By 16879B

Date 2-18- 1994 By [Signature]

JOSEPH MARTINS  
PRESIDENT.

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.

JOSEPH C. MARTINS  
205 DEERFIELD ROAD  
CRANSTON RI 02920

Filing Fee \$50.00

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 67735 Annual Report for the year 1993

FIRST: The name of the corporation is J C M SALES, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is MANUFACTURERS REPRESENTATIVE AND BROKER  
BUYING AND SELLING POINT OF PURCHASE DISPLAY MERCHANDISING AND PACKAGING.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 205 DEERFIELD ROAD  
CRANSTON, R.I. 02920

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

Name	Office	Address (including number, street, zip code)
<u>N/A</u>	Director	
<u>N/A</u>	Director	
<u>N/A</u>	Director	
<u>JOSEPH C. MARTINS</u>	President	<u>205 DEERFIELD ROAD CRANSTON, RI 02920</u>
<u>JOSEPH C. MARTINS</u>	Vice President	<u>"</u>
<u>JOSEPH C. MARTINS</u>	Secretary	<u>"</u>
<u>SYLVIA A. MARTINS</u>	Treasurer	<u>"</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>1,000</u>	<u>Common</u>		<u>NO PAR</u>

*cm* 10793  
Rec'd & Filed OCT 25 1993

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>500</u>	<u>Common</u>		<u>NO PAR</u>

Dated OCT 22 1993

J C M SALES, INC.  
(Name of Corporation)  
By [Signature]  
Title PRESIDENT