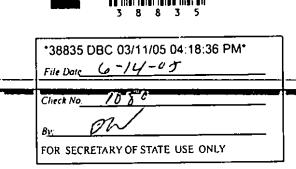


8,000 NO PAR VALUE			1	Common	No Par Value
10. SHARES AUTHORIZ AUTHORIZED SHARES Number of Shares	LED ("X" BOX FOR	ATTACHMENT) Par Value	11. SHARES ISSUED ("X" ISSUED SHARES Number of Shares	BOX FOR ATTACHMEN Closs/Series	7) 🗌 Par Value
City	State	Zip	City	State	Zip
Sireei Address			Sireei Address		
Providence Director Name	RI	02906	Director Name		
95 Pitman Stree	· State	Zip	City	State	Zip
Russell A. Sett Sireei Address	ipane		Sireel Address		
Providence 9. NAMES AND ADDRES Director Name	RI SSES OF THE DIR	02906 ECTORS ("X" BOX FO	Providence PRATTACHMENT) ☐ FILL IN SPA Director Name	RI. ACES BEFORE USING/	02906. ATTACHMENTS
95 Pitman Stree	State	Zıp	95 Pitman Street City	State	Zip
Russell A. Sett Sircei Address	ipane		Ruseell A. Setti	•	
Providence Secretary Name	RI	02906	Treasurer Name		
95 Pitman Stree	t Stair	Zip	City	ວ່າຍາຍ	Шp
8. NAMES AND ADDRES President Name Russell A. Sett Street Address		ICERS ("X" BOX FOR.	ATTACHMENT) FILL IN SPAC Vice President Name Street Address	ES BEFORE USING AT	TACHMENTS
7 Brief Description of the Char MEDICAL PUBLISHING	COMPANY				
4. Business Phone No. 4013312510		5. State of Incorpora RHODE ISLAN			6. <i>SIC Code</i> 851
3. Street Address Principal Busi 95 PITMAN STREET	iness Office		<i>City</i> PROVIDENCE	Siate RI	Zip 02906
1. Corporate ID Na. 38835	2. Name of Corpora	ation E PUBLICATIONS, I			_
Filing Period: January 1 (FORM MUST HE TYPED IN	- March I 💌 🖭	ling Fee: \$50.00			
•	Secretary of State DRATION A	NNUAL REP	ORT FOR THE Y	EAR 2005	·
Office of the	Secretary of State				-173,222,70

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.

Rusself A. Settipane Frint or Type Name of Officer

President

Form 630 12/01 Title of Officer



FOR SECRETARY OF STATE USE ONLY

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

	rown, Secretary o		T EAD THE VEAD	2004	401.222.30
PKOFII COKPOR Filing Period: January 1 - Mo FORM MUST BE TYPED OR PRIN	arch 1 • Fill		T FOR THE YEAR	2004	·
1. Corporate ID No.	2. Name of Corporation).ii			
38835		UBLICATIONS, INC.			
3. Street Address Principal Business O	fice	-	City:	State	Zip
95 Pitman Street		1	Providence	RI	02906 6 SIC Code
1. Business Phone No.		5. State of Incorporation			•
(401) 331–2510 **Riner Description of the Character of MEDICAL PUBLISHING O		RHODE ISLAND Rhode Island			851
3. NAMES AND ADDRESSES President Name	OF THE OFFICER	S: ("X" BOX FOR ATT	TACHMENT) TILL IN SPA	ACES BEFORE USING	ATTACHMENTS
Guy A. Settipane			Russell A. Set	tipane	
Sireet Address			Street Address		
95 Pitman Street	· <u> </u>		Same		
City	State	Zip 02006	City	State	Zip
Providence Secretary Name] RI	1 02906	Treasurer Name		
Guy A. Settipane	•			ne	
Street Address	···	:	Guy A. Settipa Sircei Address		
same			same		
Tity	State	Zip	City	State	Zip
Guy A. Settipane Street Address same			Sirvet Address		
City	State	Zip	City	State	Zip
Director Name	.L	J	Director Name		
Sirvet Address			Street Address	<u>-:-</u>	
City	State	Zip	Ctty	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR A	TTACHMENT)	11. SHARES ISSUED (*)	X" BOX FOR ATTACH	MENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Scries	Par Value
8,000 NO PAR VALUE			1	Common	\$1.00
This report must be:	signed in ink by e	ther the President, Vice	e President, Secretary, Assistant	Secretary, Treasurer,	Receiver or Trustee
	8-8-3-5	 * ¬	Under penalty of perjuincluding any accompanding any accompand contained herein are tr	anying schedules and sta	hat I have examined this retements, and that all statem
<u> </u>	-04		- On II	Sillison	1/21/0
filo Baj	11 6		Signature of Officer	7.2	Date
Check No.	100	_	Guy A. Settip	ane	
By:	De		Print or Type Name of C		

President

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

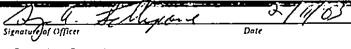
2003

FORM MUST BE TYTED OR PRINTE 1. Corporate ID No.	D IN BLACK) 2. Name of Corporal	lion			
38835	OCEAN SIDI	E PUBLICATIONS, INC.			
3. Street Address Principal Business O	Office		City	State	Zip
95 Pitman Street Business Phone No.		S. State of Incorporation	Providence	RI	02906 6. SIC Code
(401) 331-2510 7. Brief Description of the Character of	of Business Conducted i	RHODE ISLAND n Rhode Island			851
Medical Publishin B. NAMES AND ADDRESS	• •	CERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	HMENTS
President Name Guy A. Settipane Greet Address			Russell A. Se	ttipane	
95 Pitman Street			same		
City	State	Zip	City	State	Zip
Providence .	RI	02906	Treasurer Name		
Guy A. Settipane			Guy A. Settip Street Address	ane	
95 Pitman Street			same		
City	State	Zip	City	State	Zip
Providence O. NAMES AND ADDRESS Director Name	•	906 ECTORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACE Director Name	ES BEFORE USING ATTA	CHMENTS
Guy A. Settipane	•		Street Address		
same . 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 ATT	ACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT	· •)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			1	Common	\$1.00



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: Check No.: FOR SECRETARY OF STATE USE ONLY



Guy A. Settipane Print or Type Name of Officer

President Title of Officer

◆ 5

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 2002

401-222-3040

Filing Period: January 1	l-March 1 •	Filing Fee: \$50.00			INSTRUCTIONS
FORM MUST BE TYPED IN BLAC	K)				
1. Corporate ID No.	2. Name of Corporati		• • •		
38835		PUBLICATIONS, INC.			
3. Street Address Principal Business O	ffice		City	State	Zip
95 Pitman Street 6. Business Phone No.		5. State of Incorporation	Providence	RI	02906 6. SIC Code
(401) 331-2510 7. Brief Description of the Character o	f Business Conducted in	RHODE ISLAND Rhode Island			851
Medical Publishin B. NAMES AND ADDRESSI President Name		CERS ("X" BOX FOR ATTACH		FORE USING ATTA	
Guy A. Settipane			Guy A. Settipane Street Address	· Russell A.	Settipane J.S.
95 Pitman Street			same		•
City	State	Zip	City	State	ZIP
Providence Secretary Name	RI .	02906	Treasurer Name		••
Guy A. Settipane			Guy A. Settipane Street Address		
same City	State	Zip	same City	State	Zip
9. NAMES AND ADDRESSI Director Name	ES OF THE DIRE	CTORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES I	BEFORE USING ATT	TACHMENTS
Guy A. Settipane Greet Address			Street Address		
same City	State	Zip	City	State	Zip
Director Name	•.		· Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*X* ISSUED SHARES	BOX FOR ATTACHMEN	(7)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE					4
•			. 1	Common	\$1.00

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

	2827	this report, including any accompanying schedules and statements, and that all statements contained heggin are true and correct.
ile Date:		2 11. 0 2/15/62
lieck No.	2864	Signature of Afficer Date
v:	de	Guy A. Settipane Print or Type Name of Officer
OR SECRETARY OF STAT	TE USE ONLY	President Thue of Officer

≪>> 5

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

Filling Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Carporate ID No. 38835 OCEAN SIDE PUBLICATIONS, INC. 3. Street Address Principal Business Office ZIp 02906 95 Pitman Street Providence RI 4. Business Phone No. 6. SIBSI (401) 331-2510 7. Brief Description of the Character of Business Conducted in Rhode Island Medical Publishing Company 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS** President Name Vice President Name Guy A. Settipane Guy A. Settipane Street Address Street Address same 95 Pitman Street City City Zip State 210 RI 02906 Providence, Secretary Name Treasurer Name Guy A. Settipane Guy A. Settipane Street Address Street Address same same City State Zip City Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS **Director Name** . Director Name Guy A. Settipane Street Address Street Address City Zip City State State Director Name Director Name Street Address Street Address City State ZipCity 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 SHS NO PAR \$1.00 1 Common '

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

in-are-true-and-correct

that all statements contained 200

Guy A. Settipane

Print or Type Name 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

ROTH CORPORATION	ANNUAL REPORT FOR THE TEAR LOCO
Filling Period: January 1-March 1 •	Filing Fee: \$50.00
FORM MUST BE TYPED IN BLACK)	

38835	OCEAN SI	DE PUBLICATIONS, I	NC.		
3. Street Address Principal Business C	Office		City	State	Zip
95 Pitman Str	eet		Providence	RI	02906
I. Business Phone No.		S. State of Incorporation			6. SIC Code
(401) 331-251	0	RHODE ISLAND			851
7. Brief Description of the Character (of Business Conducted	in Rhode Island			
Medical Publi	shing Compa	ny			
B. NAMES AND ADDRESS President Name	ES OF THE OFF	TICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
Guy A. Settip	ane '.		Guy A. Sett:	lpane	
95 Pitman St.			same		
City	State	Zip	City	State	Zip
Providence,	RI	02906			
Secretary Name	• ' •	•	Treasurer Name		
Guy A. Settip	ane		Guy A. Sett:	ipane	
Street Address			Street Address	•	
same			same		
City	State	Zip	City	State	ZIp
9. NAMES AND ADDRESS Director Name Guy A. Settip		ECTORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPAC Director Name Street Address	ES BEFORE USING ATT	ACHMENTS
City	State	Zip	City	State	Zip
 4	J.=	±.,y	J.,,	eters.	w.y
Director Name	•• ••		Director Name		
Street Address			Street Address		
Ćiry	State	· Zip	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS NO PAR			1	Common	\$1.00

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

	* 3 6 6 3 7 *	this report, including any accompanying schedules and statements,	ane
	1-1-0-1-1-1-1-1	that all statements contained therein are true and correct.	
File Date:	1120100	V 1 1/3/00	
Check No.:	2332	significant Officer Date	
	Ce	Guy A. Settipane Print or Type Name of Officer	•
By:	<u> </u>		

President



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

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 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLAC				_	
1. Corporate ID No.	2. Name of Corpora		(NC		
388 35		DE PUBLICATIONS,		,	— -
 Street Address Principal Business O 95 Pitman Street 	Office		Providence	State	02906
4. Business Phone No. 401 331-2510		5. State of Incorporation RHODE ISLA		- · -	6. SIC Cade 851
7. Brief Description of the Character	of Business Conducted	in Rhode Island	· · · · •		
Medical Publishi	ng company				
8. NAMES AND ADDRESS	ES OF THE OFF	IČERS (*X* BOX FOR ATTĀ		BEFORE USING ATTA	CHMENTS
President Name		•	. Vice President Name		
Guy A. Settipane			Guy A. Settip	ane	
Street Address			Street Address		
95 Pitman Street			: same		···
City Drawi dones	State RI	zip 02906	City	State	Zip
Providence,	· ···		·····		•
Secretary Name Guy A. Settipane			Treasurer Name : Guy A. Settip	ane	
Street Address			Street Address		
Same			same		
City	State	, Zip - ·	City	State	Zip
c.,,	J	2.7	• • • • • • • • • • • • • • • • • • • •	V	
9. NAMES AND ADDRESS	EC OF THE DID	ECTARS /*Y* PAY SAR AT	TACHMENT) FILL IN SPAC	TES REFORE HISTOR AT	TACHMENTS.
Director Name	rea or the pik	FC10K2 (Y DOV LOW W)	Director Name	LA BEI ONE COM AT	
Guy A. Settipane	•		;		
Street Address		_ +	Street Address		
			•		
City	State	Zip - — —	City	State	Zip
		1	;	ı	1
Director Name	••••••• · ••••• · ·	••• • •••••	Director Name	·····	
			•		
Street Address			Street Address	• • • •	
City	State	Zip	City	State	Zip
			<u>.</u>	 	
10. SHARES AUTHORIZES	O ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHME	VT) -
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shates	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS NO PAR			1	Common	\$1.00
			1 1	Common	. 41.00
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This report must be signe	ed in ink by eit	her the President, Vice	e President, Secretary, As	sistant Secretary, Trea	surer, Receiver or Trustee
	E UMBELIËNGE GONDO TAG				
			Under penalty of r	perjury, i declare and affi	rm that I have examined
~				_	chedules and statements, and
/. / /	AR.AA			contained procin are tre	
File Date:	DUFYE		<i>\</i>	016	2/22/11/16
	MAN			the they are	· 3/83/49
Check No.:	VIJ 1		Signature of pricer	- L	Dute
			Guy A. Set	tipane	

Print or Type Name of Officer President



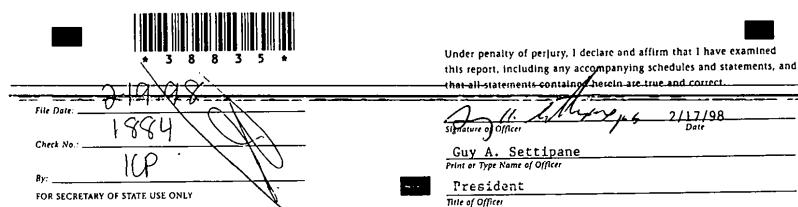
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP
PIE 1SE READ
INSTRECTIONS

Filing Period: January 1	-March 1 •	Filing Fee: \$50.00			J721HI (11075
(FORM MUST BE TYPED IN BLACK	U				
1. Corporate 1D No. 38835	2. Name of Corporat OCEAN SIDE	E PUBLICATIONS, INC.			
3. Street Address Principal Business Of	Tice	•	City	State	Zip
95 Pitman St. 4. Business Phone No.		5. State of Incorporation RHODE ISLAND	Providence,	RI	02906 6. sic Code 0851
401 331-2510 7. Brief Description of the Character of	f Business Conducted In	:			
medical publishin 8. NAMES AND ADDRESSE President Name	g company S OF THE OFFI	CERS ("X" BOX FOR ATTACHM	SENT) . Vice President Name		
Guy A, Settipane Street Address			Guy A. Settipane Street Address	~	
95 Pitman St.	State	Zip	95 Pitman St.	State	Zip
Providence, Secretary Name	RI	02906	Providence, . Treasurer Name	RI	02906
Guy A. Settipane Street Address			Guy A. Settipane Street Address		
Same City	State	Zip	same City	State	Zip
9. NAMES AND ADDRESS	ES OF THE DIRI	ECTORS (*x* box for attac	CHMENT) Director Name		
Guy a. Settipane Street Address			Street Address		
95 Pitman St.	State	Zip	City	State	Zip
Providence, Director Name	RI	02906	Director Name		
none Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES) ("X" BOX FOR ATT	(ACHMENT)	11. SHARES ISSUED (*X*.	BOX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Par Value	Number of Shares	Ciass/Series	Par Value
8,000 SHS NO PAR			1	common	\$1.00
				· 	

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





James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

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

FORM MUST	BE TYPED	IN BLACK
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I. Corporate ID No.

2. Name of Corporation

OCEAN SIDE PUBLICATIONS, INC. 38835 State ZIp 3. Street Address Principal Business Office 95 Pitman Street 02906 RI Providence, 6. SIC Code 5. State of Incorporation 4. Business Phone No. RHODE ISLAND 0851 401-331-2510 7. Brief Description of the Character of Business Conducted in Rhode Island medical publishing company 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name President Name Guy A. Settipane Guy A. Settipane Street Address Street Address 95 Pitman Street 95 Pitman Street State 210 City State Zip RI 02906 Providence, RI 02906 Providence, Treasurer Name Secretary Name Guy A. Settipane Guy A. Settipane Street Address Street Address same same City State City State NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Guy A. Settipane none Street Address Street Address 95 Pitman Street State Zip City State Zip 02906 Providence, RI Director Name Director Name none none Street Address Street Address City City State Zip 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Class/Series Par Value Number of Shares Number of Shares Class/Series Par Value **8,000 SHS NO PAR**

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 begin are true and correct.

Common

File Date:

heck No.: - U3

FOR SECRETARY OF STATE USE ONLY

Dy Sell

2/1<u>7/97</u>

Guy A. Settipane

Print or Type Name of Officer

President

PROFIT CORPORATION ANNUAL REPORT

1996



State of Khode 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

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		PLEASE TYPE OR I	PRINT IN BLACK INK.		
1, CORPORATE ID NO.	2. HAME OF CORPORATION				
38835	•	SIDE PUBLICATION			
3. STREET ACORESS PRINCIPAL BUSINESS	OFFICE		COLA	STATE	ZIP CÓOE
95 Pitman	Street		Providence,	RI	02906
4 BUSINESS PHOME NO		5. STATE OF INCORPORATION			6.50C COOE 8888
401-331-25	510	RHODE IS	SLAND		05 <u>0422675</u>
7. BRIEF DESCRIPTION OF THE CHARACTER	OF BUSINESS CONDUCTED IN RHOOE S	SLAND			l
medical publish	8. NAI	MÈS ÂND ADDR	ESSES OF THE OI	÷	
Guy A. Set	cipane		Guy A. Settip	ane	· · · · · · · · · · · · · · · · · · ·
95 Pitman	st.		95 Pitman St.		
απί	STATE	72P C000E	an	STATE	71º CODE
Providence,	RI	02906	Providence,	RI	02906
SECRETARY HAME  Guy A. Set	ttipane		Guy A. Settip	ane	
same			í same		
áir Same	STATE	75P CODE	Yany	STATE	ZIP 000E
			ESSES OF THE DI		
Guy A. Set STREET ADDRESS Same	ttipane		DIRECTOR NAME STREET ADDRESS		
COTY 	STATE	73° C000€	an	T STATE E	ZIP COOF.
DIRECTOR NAME		<u></u>	DIRECTOR NAME		
STREET ADOMESS	STATE	Σρ° CCOξ€	STREET ADDRESS	STATE	<i>10</i> 000€
· ····		HARES AUTHOR	IZED AND ISSUEI	<del></del>	<del></del>
	AUTHORIZED SHARES			ISSUED SHARES	
MUMBER OF SHARES	CLASS / SERVES	PAR VALUE	HUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000	Common	No par	<u>.</u> 1	Common	No par
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·			<del></del>	· · · · · · · · · · · · · · · · · · ·	
Pr			SNED IN INK by either to stant Secretary, Treasure Under penalty report, including all statements of	r, Receiver or Trusto of perjury, I declare and	ee  I affirm that I have examined the hedules and statements, and the state of the
	<del></del>		V-/2-	- J. H.	And .
File Date: 8/1	15/96		Signature of O	licer	7
r	1///		•	Settipane	
Check No:	1164		Print or Type N	<del> </del>	
D		n	GENERAL CONTRACTOR CON		0/6/06
By:	of State Use Only			1.	8/6/96
roi secretary o	or arara ass amilia		Title of Officer		Date

# 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

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

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

O088885 Corporate ID:	Annu	ual Report for the ve	1995 ear:	
OCEAN SIDE PU		,		
Name of Corporation:  Business entity organized under the laws of the State of: RI		Business Entity is (che	eck one):	
For foreign entity, address and telephone number of principal offi		-	ation (See RIGL Chapter 7-1.1)	
		-	vice Corporation (See RIGL Chapte	r 7-5.1)
Phone: ( )			character of business conducted in F Lishing company	Rhode Island:
Address and telephone of the principal office of business entity in				
Island (Provide street address - Not P.O. Box):				
95 Pitman St. Providence, RI 02906				
Trovidence) Nr 02700				
Phone: (401_) 331-2510				
	NAMES OF THE O	FFICERS ARE:		
PRESIDENT	STREET ADDRESS		CITY/STATE	7JP CODE
Guy A. Settipane	95 Pitman	St.	Providence, RI	02906 ZIP CODE
Guy A. Settinane	95 Pitman	St.	Providence, RI	02906
Guy A. Settipane SECRETARY	STREET ADDRESS		CITY/STATE	ZIP CODE
Guy A. Settipane TREASURER	Same STREET ADDRESS		CONT. LOTT. LOTT.	
Guy A. Settipane	same		CITY/STATE	ZIP CODE
	AMES OF THE DI	RECTORS ARE:		
NAME '	STREET ADDRESS		CHYSTATE	ZJP CODE
Guy A. Settipane, MD	SAME STREET ADDRESS		CITY/STATE	ZIP CODE
			CHAPAGE	
NAME	STREET ADDRESS		CITY/STATE	ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUI	MBER OF SHARES IS	SUED AND OUTSTANDING (Rider m.	ay be attached)
Number of Shares 1,000 Class / Series Common		nber of Shares 1	Class / Series Common	
			.1AN 5 0 1995	
			B/1CP#308	-111
			BICP#US	1
		1 .	0-11-	
Date December 27 , 19 94	By:	t a. s	Myong, 44	
		ttipane, MD Me of officer signing		<del>-</del> .
Form 31 1/95	TITLE OF OPHICERS			
DESIGNATED REGI	ISTERED AGENT	FOR SERVICE O	F PROCESS:	
PLEASE NOTE: If the registered office and/or registered agen				

Filing Fee \$50.00 Payable to: -----Secretary of State -

State of Rhode Island and Providence Plantations

Office of The Secretary of State

File Annually

LLC: Sept. 1 - Nov. 1

CORP: Jan. 1 - March 1

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

	101-277-5040
0038835 Corporate ID:	'Annual Report for the year:  OCEAN SIDE PUBLICATIONS, INC.
·	
Name of Business Entity:	
Business entity organized under the laws of the State of:RT	Business Entity is (check one):  [x] 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:
	95 Pitman St.
	- 2000/
Phone: ( )	Providence, RI 02906
Address and telephone of the principal office of business entity in Rhod Island (Provide street address - Not P.O. Box):  95 Pitman St.	Brief statement of the character of business conducted in Rhode Island:  medical publishing company
Providence, RI 02906	Date of Organization: May 22, 1986
(401) 331-2510	Date of Organization. — 1123—1224—123—123—123—123—123—123—123—123—123—123
	I IATA AT I III III I CALLOII TO OC DUMINOSO "
Phone: (401) 331-2510	
	CONTRACTOR ARE.
THE NAM	TES OF THE OFFICERS ARE:  STREET ADDRESS  CITYSTATE  ZIP COD
CHIEF EXECUTIVE OFFICER OR E PRESIDENT (Check One)	02906_
CHIECODEDATING HERE CR. A. LACCINIA CO.	STREET ADDRESS
	STREET AUDICES
Guy A. Settidane  CHIEF FINANCIAL OFFICER OR M TREASURER (Check One)	STREET ADDRESS CITY/STATE ZIP COO
Guy A. Settipane THE NAM	IES OF THE DIRECTORS ARE: ZIP COLUMN STREET ADDRESS CITY/STATE ZIP COLUMN STREET ADDRESS
NAME -	ZIP CO
Guy A. Settipane, MD	STREET ADDRESS CITY/STATE
NAME	CITYSTATE 7JP CO
NAME	STREET ADDRESS CITYSTATE
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER OF SHARES ACTIONISSIS (WATER	NUMBER 1
NUMBER 8,000	
CLASS common	CLASS common APR 12 1994
<b>~~~</b>	SERIES
SERIES	man P
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PAR VALUE OR WITHOUT PAR without par	WITHOUT PAR without par
WITHOUT PAR without par	Mi-
Date March 28 1994	By: Je U. Sillyng

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

fif.	27	19
}		

	PROVIDENCE, R	CHODE ISEAND 02903	
Corporate ID 003	3835	Annual Report for	the year 1993
FIRST: The name	of the corporation isQcea	anSide Publications.	Inc.
SECOND: It is inco	orporated under the laws of	R.I.	
THIRD: Character	of business, briefly stated, is	publishing company	<i>(</i>
FOURTH: If foreig	n corporation, address of its p	orincipal office	······································
FIFTH: Business a	ddress in Rhode Island95.	Pitman St. Provider	nce, RI 02906
SIXTH: Names and Name	d addresses of its directors and		(Attach rider if necessary) g number, street, zip code)
Guy A. Settipa	ne. MD Director	95 Pitman St. P.	rovidence, RI 02906
	Director		
	Director		
Guy A. Settipa	ne. MD President	same	
Guy A. Settipa	neMDVice Presid	cntsame	
Guy A. Settipa	ne. MD Secretary	same	
Guy A. Settipa	ne. MD. Treasurer	same	
SEVENTH: Number	er of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series _	shares are without par value
1,000	Common	122101	0 No Par Value
Eighth: Number	of Shares issued:	JEON OPH	Par Value or statement that
No. of Shares	Class	Series	shares are without par value
1	Common		0 No Par Value
Dated March 1	19 .93	OceanSidePublic (Name of Corporation)	ations, Inc.
		By 25 4. 12	Myang
(Report must be	e signed by an officer)	Title President	

### State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

JU!

FIRST: The name of the corporation isOCEAN_SIDE_FUELICATIONS,_INC.  SECOND: It is incorporated under the laws ofRI	porate ID	0009905	Annual Report for	the year	1992
FOURTH: If foreign corporation, address of its principal office.  FIFTH: Business address in Rhode Island 95 Pitman Street, Providence, RI 02906  SIXTH: Names and addresses of its directors and officers:  Name Office Address (including number, street, ap code)  Guy A. Settipane Director Director  Guy A. Settipane President 95 Pitman St, Providence, RI 02906  Guy A. Settipane Vice President 95 Pitman St, Providence, RI 02906  Guy A. Settipane Vice President 95 Pitman St, Providence, RI 02906  Guy A. Settipane Secretary 95 Pitman St, Providence, RI 02906  Guy A. Settipane Secretary 95 Pitman St, Providence, RI 02906  Guy A. Settipane Secretary 95 Pitman St, Providence, RI 02906  Guy A. Settipane Secretary 95 Pitman St, Providence, RI 02906  Seventh: Number of Shares authorized: No of Shares Class Series  Par Value or statement that shares are without par value	FIRST: The name	of the corporation is	OCEAN SIDE F	MELICATIO	NS, INC
FOURTH: If foreign corporation, address of its principal office.  FIFTH: Business address in Rhode Island 95 Pitman Street, Providence, RI 02906  SIXTH: Names and addresses of its directors and officers:  Name Office Address (including number, street, zip code)  Guy A. Settipane Director Director  Outector  Outector  Guy A. Settipane President	Second: It is inc	orporated under the laws o	f RI		
FIFTH: Business address in Rhode Island 95 Pitman Street, Providence, RI 02906  SIXTH: Names and addresses of its directors and officers:  Name Office Office Address (including number, street, app code)  Guy A. Settipane Director Director  Guy A. Settipane President 95 Pitman St, Providence, RI 02900  Guy A. Settipane Vice President 95 Pitman St, Providence, RI 02900  Guy A. Settipane Screetary 95 Pitman St, Providence, RI 02900  Guy A. Settipane Screetary 95 Pitman St, Providence, RI 02900  Guy A. Settipane Screetary 95 Pitman St, Providence, RI 02900  Guy A. Settipane Treasurer 95 Pitman St, Providence, RI 02900  SEVENTH: Number of Shares authorized: No. of Shares  Class Series  Far Value or statement that shares are without par value  Of No Par Value or statement that shares are without par value  Of No Par Value or statement that shares are without par value  Of Shares  SECY OF STATE  SECY OF STATE	THIRD: Characte	r of business, briefly stated,	is		
SIXTH: Names and addresses of its directors and officers:  Name Office Office Address (including number, street, zip code)  Guy A. Settipane Director Director  Office Director  Director  Office Address (including number, street, zip code)  Director  Director  Office Address (including number, street, zip code)  President  Office Address (including number, street, zip code)  Office	FOURTH: If foreig	gn corporation, address of i	ts principal office		
Seventh: Number of Shares authorized:  Name  Office  Address (including number, street, zip code)  Address (including number, street, zip code)  95 Pitman St, Providence, RI 02900  95 Pitman St, Providence, RI 02900  Guy A. Settipane  President  95 Pitman St, Providence, RI 02900  Guy A. Settipane  Vice President  95 Pitman St, Providence, RI 02900  Guy A. Settipane  Secretary  95 Pitman St, Providence, RI 02900  Guy A. Settipane  Treasurer  95 Pitman St, Providence, RI 02900  Seventh: Number of Shares authorized:  No. of Shares  Class  Series  Series  Par Value  or statement that  shares are without par value	FIFTH: Business a	address in Rhode Island9	5 Pitman Street, Prov	vidence, R	I 02906
Director  Director  Guy A. Settipane President 95 Pitman St, Providence, RI 02906  Guy A. Settipane Vice President 95 Pitman St, Providence, RI 02906  Guy A. Settipane Secretary 95 Pitman St, Providence, RI 02906  Guy A. Settipane Treasurer 95 Pitman St, Providence, RI 02906  SEVENTH: Number of Shares authorized:  No. of Shares Class Series Par Value or statement that shares are without par value  1,000 Common PAID  EIGHTH: Number of Shares issued:  No. of Shares Class SECY OF STATE Series Par Value or statement that shares are without par value				•	
Director  Guy A. Settipane President 95 Pitman St, Providence, RI 02906  Guy A. Settipane Vice President 95 Pitman St, Providence, RI 02906  Guy A. Settipane Secretary 95 Pitman St, Providence, RI 02906  Guy A. Settipane Treasurer 95 Pitman St, Providence, RI 02906  SEVENTH: Number of Shares authorized:  No. of Shares Class Series Par Value or statement that shares are without par value  1,000 Common PAID 0 No Par Value or statement that shares are without par value  EIGHTH: Number of Shares issued:  No. of Shares Class SECY OF STATE SECTION STATE SECTION STATE STATE	Guy A. Sett	i pane Director	95 Pitman St, P	rovidence,	RI 02906
Guy A. Settipane President 95 Pitman St, Providence, RI 02906 Guy A. Settipane Vice President 95 Pitman St, Providence, RI 02906 Guy A. Settipane Secretary 95 Pitman St, Providence, RI 02906 Guy A. Settipane Treasurer 95 Pitman St, Providence, RI 02906 SEVENTH: Number of Shares authorized:  No. of Shares Class Series Par Value or statement that shares are without par value  1,000 Common PAID  EIGHTH: Number of Shares issued:  No. of Shares Class SECY OF STATE  SECY OF STATE  Par Value or statement that shares are without par value  Par Value or statement that shares are without par value		Director			
Guy A. Settipane Vice President 95 Pitman St, Providence, RI 02906 Guy A. Settipane Sccretary 95 Pitman St, Providence, RI 02906 Guy A. Settipane Treasurer 95 Pitman St, Providence, RI 02906 SEVENTH: Number of Shares authorized:  No. of Shares Class Series Par Value or statement that shares are without par value  1,000 Common PAID 0 No Par Value or statement that shares are without par value  EIGHTH: Number of Shares issued:  No of Shares Class SECY OF STATE SECRES SECY OF STATE  No of Shares Class SECY OF STATE Series		Director	<u></u>	*****	***********
Guy A. Settipane Sccretary 95 Pitman St, Providence, RI 02900  Guy A. Settipane Treasurer 95 Pitman St, Providence, RI 029000  SEVENTH: Number of Shares authorized:  No. of Shares Class Series Par Value or statement that shares are without par value  1,000 Common PAID 0 No Par Value or statement that shares are without par value  EIGHTH: Number of Shares issued:  No. of Shares Class SEC Y OF STATE Series par value  SEC Y OF STATE Shares are without par value	Guy A. Sett:	ipane Presider	95 Pitman St, P	rovidence,	RI 02906
Guy A. Settipane Treasurer 95 Pitman St, Providence, RI 02900  SEVENTH: Number of Shares authorized:  No. of Shares Class Series Series Par Value or statement that shares are without par value  1,000 Common PAID  EIGHTH: Number of Shares issued:  No. of Shares Class SECY OF STATE  No. of Shares Class SECY OF STATE  SECY OF STATE  SECY OF STATE  Par Value or statement that shares are without par value	Guy A. Sett:	ipane Vice Pre	sident 95 Pitman St, Pi	rovidence,	RI 02906
SEVENTH: Number of Shares authorized:  No. of Shares  Class  Class  Series  Series  Par Value or statement that shares are without par value  1,000  Common  PAID  O No Par Value or statement that shares are without par value  EIGHTH: Number of Shares issued:  No. of Shares  Class  Class  SECY OF STATE  SECY OF STATE  Par Value or statement that shares are without par value	Guy A. Sett	ipane Secretar	y 95 Pitman St, Pr	rovidence,	RI 02906
No. of Shares  Class  Class  Series  Series  Or statement that shares are without par value  1,000  Common  PAID  O No Par Value or statement that shares are without par value  SECY OF STATE  No. of Shares  Class  Series  Par Value or statement that shares are without par value  Par Value or statement that shares are without par value	Guy A. Sett	ipane Treasure	er 95 Pitman St, Pr	rovidence,	RI 02906
No. of Shares  Class  Series  Shares are without par value  1,000  Common  PAID  O No Par Value or statement that shares are without par value or statement that shares are without par value or statement that shares are without par value	SEVENTH: Numb	er of Shares authorized:			
EIGHTH: Number of Shares issued:  No. of Shares  Class  SECY OF STATE  Par Value or statement that shares are without par value  Par Value or statement that shares are without par value	No. of Shares	Class	Series		es are without
EIGHTH: Number of Shares issued:  No. of Shares  Class  SECY OF STATE  Par Value or statement that shares are without par value  Par Value or statement that shares are without par value	1,000	Common	PAID	0 N	o Par Valu
No. of Shares  Class  SECY OF STATE  or statement that shares are without par value	Danier M. 1				Par Value
The Granter Court of the Court	EIGHTH: Numbe	r of Shares issued:		or s	statement that
1 Common 0 No Par Va		·	Series Series	_	•
		Common		U N	o Par Valu

(Name of Corporation)

Title.....

President

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 ID00	38835	Annual Report fo	r the year 1991
First: The name	e of the corporation isQce	anSide Publication	s.Inc.
Second: It is inc	orporated under the laws of	R.I.	
THIRD: Characte	r of business, briefly stated, is.	publishing co	mpany
FOURTH: If foreign	gn corporation, address of its p	orincipal office	
Fifth: Business a	address in Rhode Island 9.5	Pitman St. Provid	ence, R.I. 02906
SIXTH: Names ar	nd addresses of its directors and	<del>,</del>	(Attach rider if necessary)
Guy A. Settipa	ane, MD Director	95 Pitman St.	Providence, RI 02906
••••••••••••	Director		
	Director		
Guy A. Settipa	nne, MD President	same	
Guy A. Settipa	ane, MD Vice Presid	ent same	
Guy A. Settipa	ine, MD Secretary	same	······································
Guy A. Settipa	ine, MD Treasurer	same	······
SEVENTH: Number	er of Shares authorized:		Par Value
No. of Shares	Class	Series	or statement that shares are without <u>par value</u>
1,000	Common		0 No Par value
Еібнтн: Number	of Shares issued:	PAIN	Par Value
No. of Shares	Class	JAN	or statement that shares are without
1	Common	JAN, Senting 3 SECY OF STATE	0 No Par value
ted January 2	10 93	OCEANSIDE DURITO	ATIONS INC

(Report must be signed by an officer)

Form 31 10/91

Title President

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 00	38835	Annual Rep	ort for the year 1990
FIRST: The nan	ne of the corporation is	OceanSide Publicat	ions, Inc.
SECOND: It is in	ncorporated under the laws	s of R.I.	
THIRD: Charac	ter of business, briefly state	ed, ispublishing	company
FOURTH: If for	eign corporation, address o	of its principal office	······································
FIFTH: Business	s address in Rhode Island	95 Pitman St. Pr	ovidence, RI 02906
SIXTH: Names :	and addresses of its directo		(Attach rider if necessary) s (including number, street, zip code)
Guy A. Setti	pane, MD Direct	tor 95 Pitman S	t. Providence, RI 02906
	Direct	tor	
	Direct	tor	
Guy A. Setti	ipane, MD Presid	ent same	•••••••••••••••••••••••••••••••••••••••
Guy A. Setti	ipane, MD Vice I	President same	•••••••••••••••••••••••••••••••••••••••
Guy A. Setti	ipane, MD Secret	ary same	
Guy A. Setti	ipane, MD Treas	urer same	······································
SEVENTH: Num	ber of Shares authorized:	Series	Par Value or statement that shares are without par value
1,000	Common		0 No Par Value
Eіднтн: Numb	er of Shares issued:	Ta PAIN	Par Value or statement that
No. of Shares	Class	SEC Series	shares are without par value
1	Common	SEC Y CARSONS 1893	0 No Par Value
Dated January 2	19 93		olications, Inc.
		Ву	blyng, n'?
(Report must	be signed by an officer)	Title President	

### State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID388	35	Annual R	eport for the year	1989
First: The nam	ne of the corporation is	CEAN SIDE PUBLICA	TIONS, INC.	······································
SECOND: It is in	acorporated under the laws of	R.I		
THIRD: Charact	er of business, briefly stated, i	s publis	hing co	•
FOURTH: If fore	eign corporation, address of its	principal office		
FIFTH: Business	address in Rhode Island	95 pitma.	a st, pto	U. RI OZGOC
SIXTH: Names a	and addresses of its directors a		(A	ttach rider if necessary)
Goy A.S.	effips we Director Director	95 p	itmin st.	Stov KI 009
	Director			
GoyA. Se	Hipor President			( ,
<i>1</i>	Vice Pres			· /
//	Secretary	( )		( )
1,	Treasurer			( )
	ber of Shares authorized:			Par Value statement that ares are without
S, OOU	(O MMON	Series	/	w por loster
	er of Shares issued:		•	Par Value statement that ares are without
No. of Shares	Class Common	Series	, , , , <u>-</u>	ne pou uslu-
Dated 6/10/	19 5 9	(Name of Corporation)	Ir Public.	
		Ву Д	sellyens (	Cuy H. Sottigero/
(Report must	be signed by an officer)	Title Phil	librit	•••••

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE RHODE ISLAND 02903

Corporate ID	-	RHODE ISLAND 02903  Annual Report	for the year 1987	
First: The nam	ne of the corporation is			- (
SECOND: It is in	ncorporated under the laws of	R.I. publishing	<i>(U</i> ,	
FOURTH: If fore	eign corporation, address of its p	orincipal office		
FIFTH: Business	address in Rhode Island	95 pit mon	st. Nov. k.I	<i>63.50</i> 6
Nam	and addresses of its directors and office  Office  Director	Address (in	(Attach rider if cluding number, street, zip code)	• •
Guy A. Se	Director  President  Vice Presid		n St. Nov. K	27
/(	Secretary  Treasurer	(	()	
SEVENTH: Num	ber of Shares authorized:	Series	Par Value or statement that shares are without	
8000 Eighth: Numb	COMMON er of Shares issued:	t yay 1	Par Value	
No. of Shares	Class (OMMON	Series (	or statement that shares are without par value	
Dated 5/13/1		(Name of Corporation)  By  A	Deblics how Cettiping	
(Report must	be signed by an officer)	Title //Leside~	<i>F</i>	

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET

Corporate ID. O. O. S. B. 3.  FIRST: The name of the corporation is OCEO w. S. cd. Publics bows I. Two (  SECOND: It is incorporated under the laws of  THIRD: Character of business, briefly stated, is  FOURTH: If foreign corporation, address of its principal office.  FIFTH: Business address in Rhode Island  FIFTH: Business addresses in Rhode Island  SIXTH: Names and addresses of its directors and officers: (Attach nider if necessary)  Name: Office  Address including number, user, is pools)  Director  Director  Director  FULL A SEPTIMEN  President  Vice President  Vice President  Vice President  Treasurer  SEVENTH: Number of Shares authorized:  SEVENTH: Number of Shares authorized:  Pur Value or statement that shares are without pru value.  By  Common  Dated 5. 13/8.9  19. 89  Other of Shares  Common  Dated 5. 13/8.9  Dated 5. 13/8.9  Provide  Common  Comm		PROVIDENCE, RHO	DDE ISLAND 02903	
FIRST: The name of the corporation is.  SECOND: It is incorporated under the laws of P. T.  THRD: Character of business, briefly stated, is fulfill the properties of the prop	Corporate ID. O. S.	? PP5 J	Annual Report for t	he year 778
THIRD: Character of business, briefly stated, is  FOURTH: If foreign corporation, address of its principal office.  FIFTH: Business address in Rhode Island 95 pt. men 5t. prov. pt. To \$20.  SIXTH: Names and addresses of its directors and officers:  Name Office Address (including number, stores, 29 code)  Office Asserting President  Office Office Asserting President  Vice President  Vice President  Vice President  Vice President  Office Asserting	FIRST: The name	of the corporation is	ceanside publi	asport Inc
FIFTH: Business address in Rhode Island 95 Pittus n St. Prov. PT 0378  SIXTH: Names and addresses of its directors and officers:  Office  Office  Address (including number, street, rip code)  Director  Director  Director  Director  Office  Address (including number, street, rip code)  Director  Office  President  Vice President  Treasurer  Seventh: Number of Shares authorized:  Par Value or statement that shares are without paryalue  Par Value or statement that shares are without paryalue  Office  Office  Address (including number, street, rip code)  Address (including number, street, rip code)  Office  Office  Address (including number, street, rip code)  Office  Address (including number, street, rip code)  Office  Office  Address (including number, street, rip code)  Office  Office  Office  Address (including number, street, rip code)  Office  Off	SECOND: It is inco	orporated under the laws of	P. I. publishing Co	ý .
SIXTH: Names and addresses of its directors and officers:  (Attach rider if necessary)  Soft property  Director  Director  Director  Director  Director  Coy A Soft property  President  (1)  (2)  Secretary  (3)  Treasurer  Seventh: Number of Shares authorized:  Soft property  Seventh: Number of Shares issued:  No. of Shares  Class  Class  Soft property  Common  Dated Address (including number, street, zip code)  Address (including number)  Address (including number)  Address (including number, street, zip code)  Address (including number)	FOURTH: If foreig	n corporation, address of its prin	ncipal office	
Name Office Address (including number, street, zip code)  Gry A. Settiper Director  Director  Director  Coy A. Settiper President  ('Vice President ''  ('Secretary)  ('Treasurer  Seventh: Number of Shares authorized:  No. of Shares  Gass Series  Series  Par Value or statement that shares are without par yalue  Far Value  Or statement that shares are without par yalue  Ommon  Dated 5 /3 /89 19 89  Oceans Lab Julica to a	FIFTH: Business a	ddress in Rhode Island2	5 pitaur st.	prov. R. Forgos
Director  Director  CO A Setting - President  Vice President  Consumer  Seventh: Number of Shares authorized:  No. of Shares  Class  Class  Class  Series  Par Value or statement that shares are without paryaloc  Par Value or statement that shares are without paryaloc  Par Value or statement that shares are without paryaloc  Par Value or statement that shares are without paryaloc  Common				-
Director  Director  CO A Settipe President  Vice President  Treasurer  Seventh: Number of Shares authorized:  No. of Shares  Class  Class  Series  Par Value or statement that shares are without paryaloc  Par Value or statement that shares are without paryaloc  Par Value or statement that shares are without paryaloc  Par Value or statement that shares are without paryaloc  Common	Guy A. Se	oftina Director	95 pitman	St Arov. R. I 02906
President  Vice President  Secretary  Treasurer  Seventh: Number of Shares authorized:  No. of Shares  Class  Class  Class  Class  Common  Par Value  Or statement that Shares are without par yalue  Or statement that Shares are without par yalue  Or statement that Shares are without par yalue  Or statement that Shares are without par value  Or statement that Shares are without Shares are without par value  Or statement that Shares are without Sh	/	•		
President  Vice President  Secretary  Treasurer  Seventh: Number of Shares authorized:  No. of Shares  Class  Class  Class  Class  Common  Par Value  Or statement that Shares are without par yalue  Or statement that Shares are without par yalue  Or statement that Shares are without par yalue  Or statement that Shares are without par value  Or statement that Shares are without Shares are without par value  Or statement that Shares are without Sh				
Vice President  Secretary  Treasurer  Seventh: Number of Shares authorized:  No. of Shares  Class  Class  Series  Par Value  or statement that shares are without par yalue  O mmon  Par Value  Or statement that shares are without par yalue  O statement that shares are without par value  O statement that shares are without par value  O mmon  Dated 13/89  1989  O CRING L JUJULT FOR	GU-1 A.SE	1 1	('	(1
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