

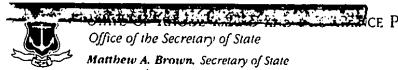
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown. Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 101.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2005
MOTT COMPONITION MINORE REPORT TOR THE TEAK	

Filing Period: January 1 - M (FORM MUST BE TYPED OR PRIN	•	g Fee: \$50.00			•	
1. Corporate ID No. 92737	2. Name of Corporation Catalpa, Ltd.					 ;
3. Street Address Principal Business 6 873 4 HAWICK	Office	<u> </u>	WARNICK	State R I	2ip 0 2888	,
1. Business Phone No. 401-467-56	45	5. State of Incorporation RHODE ISLAND			6. SIC Code ;	;
7. Brief Ixscription of the Character CONSULTING, PRODUS	of Business Conducted in I TION OF TEXTILE AN	thode Island	S.		•	,;
8. NAMES AND ADDRESSES President Name Tho 4445 A.		(*X" BOX FOR ATTA	CHMENT)	SPACES BEFORE USIN	G ATTACHMENTS	
Siren Address 154 OLD MIL	-L BLUD-		Street Address	<u> </u>		
Thomas A. Sirce Address 134 OLD MILL City WARMUK	State RI	1 0 2 889	City	State	Zip	
Secretary Name			Treasurer Name		•••••••••••••] -
Sirvet Address		-	Street Address			
City	State	Zip	City	State	Zip	
9. NAMES AND ADDRESSES Director Name WOWE	OF THE DIRECTOR	S: ("X" BOX FOR ATT	TACHMENT) FILL Director Name	IN SPACES BEFORE US	ING ATTACHMENT	5
Street Address		<u>-</u>	Street Address			
City	State	Zíp	City	State	Zip	
Director Name	·	. J	Director Name			
Sinvi Address			Street Address		1	:
City	State	Zip	City	State	Zip	<u> </u>
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	 ("X" BOX FOR ATTAC	HMENT) 🗀	
Number of Shares	Cluss/Series	Par Value	Number of Shares	Class/Series	Par Value	
8,000 NO PAR VALUE			Ø			
<u> </u>			, in the second			444
This report must be s	signed in ink by eith	er the President, Vice P	resident, Secretary, Assist	ant Secretary, Treasurer	, Receiver or Truste	;.[1]
				erjury, I declare and affirm mpanying schedules and st		
File Date	ED GID		contained herein ar Morror Signature of Officer		2/28/	05
Check NoMAR_0	2 2005 BIU		The offes Print or Type Name	• ••	<u>/</u>	;
FOR SECRETARY OF ST	ATE USE ONLY		Title of Officer	DENT	<u> </u>	1,
					Form 630 Rev.	12/03



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____ 2004 Filing Pertod: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 92737 Catalpa, Ltd. 3. Street Address Principal Business Office CHY WARVICK 02889 5. State of Incorporation 6. SIC Code RHODE ISLAND 7286 7. Brief Description of the Character of Business Conducted in Rhode Island CONSULTING, PRODUSTION OF TEXTILE AND GRAPHIC MATERIALS. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name MONAS Street Address Street Address State Ζſρ Treasurer Name Struct Address Street Address City ZΙp City State 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name DOLA Addres Street Address City State Zıр Director Name Street Address Street Address City State Ζip City State Ζip 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 NO PAR VALUE

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

	+ 9-2 7 3 7 +
File Date	4/5/04
Check No	775
Ву:	<u> </u>
	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 corregt.
Thomas A. Wahr 2/4/04
Signature of Officer Date
Thomas A. WILSON
Print or Type Name of Officer
President
Tule of Officer

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

ming reriou: junuar	y I - march I •	riing ree. \$30.0			
DRM MUST BE TYPED OR PRIN Corporate ID No.	TED IN BLACK) 2. Name of Corporat	ion	•		
92737	•				
32131 Street Address Principal Business	Catalpa, Ltd.	•	City	State	Zip
•	ACK AVE.		WARVICK	RI	02888
lusiness Phone No.		S. State of Incorpora	• • • • • •	7.4-	6. SIC Code
401-467-564	15	•			
rief Description of the Characte	er of Business Conducted in	RHODE ISL.	AND		7286
EDUCATION C					
NAMES AND ADDRES	SSES OF THE OFFI	CERS ("X" BOX FOR A	TACHMENT) FILL IN SPACES	BEFORE USING ATTA	CHMENTS
sident Name	1		Vice President Name		
) homas A.	WILSON		NONE		
ret Address			Street Address		
Thomas A. III Address 154 OLO WAR WICK	MILL BL	νD			
WAR WICK	State D T	Zip	City !	State	Zip
TELATY Name	14.1	02889	 Treasurer Name		
IVONE			ireasuier Name		
Pet Address			• Street Address		
			31111 312-132		
y	State	Zip	City	State	21p
NONE eet Addiess			Director Name Street Address		
•	State	Zip	City	State	Zip
ector Name	·		Director Name		
			Street Address		
ret Address					
	State	Zip	City	State	Zip
, SHARES AUTHORIZE		•	City 11. SHARES ISSUED (SSUED SHARES		·
, SHARES AUTHORIZE HORIZED SHARES		•	11. SHARES ISSUED (·
y . SHARES AUTHORIZE THORIZED SHARES mber of Shares	ED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X" BOX FOR ATINCHMEN	T)
THE TOTAL PROPERTY OF SHARES AUTHORIZED SHARES AUTHORIZED SHARES (Imber of Shares 8,000 NO PAR VALUE	ED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X" BOX FOR ATINCHMEN	T)

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	* 9 2 7 3 7 *
File Date:	1.30.03
Check No.:	732
Ву:	UP
FOR SECRETAR	RY 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.

Thomas A.	Valor	1/29/03
Signature of Officer		Date
+1	1 1/	•

1 homes Print or Type Name of Officer

Title of Officer Form 630 12/02





(0)P

• • •					/
PROFIT CON	RPORATION ary 1-March 1 •	ANNUAL RE	PORT FOR TH	E YEAR <u>20</u>	02
FORM MUST BE TYPED IN	BLACK)				
. Corporate ID No.	2. Name of Corpor	ation	-	-	
92737	Catalpa, Lte	d .			
. Street Address Principal Bus.			City	State	Zip
873 Warv	ick Ave		Warvick	RI	0298
. Business Phone No.		5. State of Incorporation			6. SIC Code
HOI . 467. 51 Brief Description of the Chai	645	RHODE ISLANI			7286
Education	Consulting	in Knode Island			
	1	ICERS ("X" BOX FOR ATTA	O(1) (1) (1) (1) (1) (1) (1)		
i. NAMES AND ADDI resident Name	KESSES OF THE OFF	ICERS ("X" BOX FOR ATTA	UHMENT) FILL IN SPACES Vice President Name	S BEFORE USING ATTA	CHMENTS
Thomas A.	Wilson		None		
reel Address	441-001-		Street Address		
154 old Mi	11 Blud.				
ity 1	State	Zip	City	State	Zip
Marwick	RI	02889			
rcretary Name			Treasurer Name		•
None					
reel Address			Street Address		
ity	State	Zip .	:. Clty		•/-
··· /	3.010	2.0	·	State	Zip
. NAMES AND ADDI	RESSES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPAC	ES BEFORE USING AT	TACHMENTS
irector Name			Director Name	LO DEI ONE COMO MI	Troumite value
None			None		
reet Address			Street Address		
ity	State	ZIP	City	State	Zip
lrector Name	• • •	· · · · · · · · · · · · · · · · · · ·	Director Name	· · · · · · · · · · · · · · · · · · ·	
Mana .			1 C-		
rcet Address			Street Address		
ity	State	7.ip	City	State	Zip
D. SHARES AUTHORI	ZED ("X" BOX FOR ATT	'ACHMENT)	11. SHARES ISSUED	("X" ROX FOR ATTACHMEN	(T)
JTT-HORIZZED SHARES			ISQUED SHARES	. A DON TON ATTACHMEN	•
umber of Shares	Class/Series	Par Value	· Number of Shares	Class/Series	Par Value

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



File Date:	1-23-02	
Check No.:	633	
	2	
FOR SECRETARY	OF STATE USE ONLY	

8,000 NO PAR VALUE

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

Thomas A Will	or 1/18/02
Signature of Officer	Date

Thomas A. Wilson

-

Title of Officer

Farm 630 12/01

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

Office of the Secretary of State PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN	BLACK)				
1. Corporate ID Na 737	2. Name of Corpora Catalpa,	tigntd.			
3. Street Address Principal Buss 973 VA 4. Business Phone No. 401 - 467-5 7. Brief Description of the Chai	RWICK AU 5645	S. State of Incorporation RHODE ISLAN	WHRVICH 10	State R. I	0288 B
		ICERS (*X* BOX FOR ATTAC	unicam) FILLINGBACES	DEFODE HEING ATTA	CHARACATE
D	A. WILSO		Vice President Name	BEFORE USING ATTA	CHMEN15
Class Address	MILL !	SLUD	Street Address		
WARWICK	State RI	02889	City	State	Zíp
Secretary Name		,	Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Disector Name Thomas /	4. Wilson		ACHMENT) FILL IN SPAC Director Name Street Address	ES BEFORE USING ATT	TACHMENTS
04 06D	MILL I	1 LVI) 210 D D D D D D D D D D D D D D D D D D D	City	State	Zip
Director Name		0 20 0 1,	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORI	IZED (*x* box for att	ACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	TT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 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: 6/13/0)
Check No.: 500

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.

Thomas A. Willow 3/7/0/ Signature of Officer Date

Print or Type Nome of Officer

PRESIDENT

Title of Officer



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

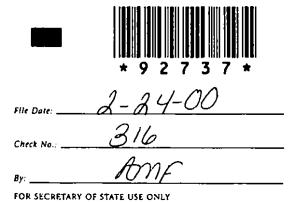
Corporations Division

PROFIT	CORPORATION	ANNUAL	REPORT	FOR	THE	YEAR	2000
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(FORM MUST BE TYPED IN BLA	CK)				
I. Corporate ID No.	2. Name of Corpora	tion		•	. 💆
92737	Catalpa,	Ltd.			
3. Street Address Principal Business	Office		City .	State	Zip
9 CATALPH 4. Business Phone No.	RAFD	5. State of Incorporation	PANNOBNOE	RE	02986 6. SIC Code
401-351-10 7. Brief Description of the Character		RHODE ISLAND			7286
EOUC ATION 8. NAMES AND ADDRESS			+ + CONSU		
8. NAMES AND ADDRES: President Name	SES OF THE OFFI	CERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BI Vice President Name	EFORE USING ATTA	CHMENTS
Thomas	A. Wi		VONF		
Street Address 9 CATALPA CHY ROVIDENCE	a ROA	0	Sireet Magress		
G CATALPA	State	Zip	City	State	ZIp
PROVIDENCE	RI	029.06	•		
Secretary Name			Treasurer Name		
NONTZ Street Address			NONE Street Address		
City	State	ZIp	City	State	Zip
9. NAMES AND ADDRESS	Ses of the diri	ECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES	BEFORE USING ATT	ACHMENTS
Director Name	1/	•	Director Name		
Thomas A. Street Address PAPALPA City ROV INENCE	WILSON		IVONE Street Address		
9 CATALOA	RD				
City	State	zip O 240 6	City	State	Zip
I'KOV MENCE	RL	02906			
Director Name			Director Name		
NONE_ Street Address			NONE Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D (*X* BOX FOR ATT	ACHMENT)	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	VALUE		Work		
					•

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.

	hom	A. Welson	2/22/00
Sig	nature of Officer	A. WILSON	Date

Print or Type Name of Officer



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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)					
1. Corporaté ID No. 92737	2. Name of Corporation Catalpa, Ltd.				
3. Street Address Principal Business C G CATALPH 4. Business Phone No. 401 - 351 - 103 7. Brief Description of the Character	Ro.	5. State of Incorporation RHODE ISLAND	PRIVIDENCE	State R F	21p 02906 6. SIC Code 7286
E-PUCHTION 4			CONSULTING		
8. NAMES AND ADDRESS President Name Thoras A Street Address	t. Wilson		VICE President Name Vice President Name Street Address	BÉFORE USING ATTA	CHMENTS -
9 CATALAI			: •		, .
PROVIDENCE	State R L	02886	Clly :	State	Zip
Secretary Name			Treasurer Name	••••••	
Street Address			Street Address	-	-
City	State	Zip	City	State	7 Zip
9. NAMES AND ADDRESS Director Name Thomas Street Address	. /	TORŠ (*X* BOX FOR ATTAC	: HMENT) FILL IN SPACE : Director Name Street Address	S BEFORE USING ATT	TACHMENTS
SAME			•		
City	State	Zip	City	State	Zip
Director Name	••• • •••	• • • • • • • • • • • • • • • • • • • •	Director Name		
Street Address			Street Address		<u> </u>
City	State	Zip	City	= State	Zip · -
10. SHARES AUTHORIZED	O ("X" BOX FOR ATTACE	HMENT)	11. SHARES ISSUED (*	X° BÓX FOR ATTACHMEN	(T) _{',}
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS NO PAR V	/ALUE		0	•	•
This report must be signe	ed in ink by either	_	esident, Secretary, Assi	stant Secretary, Treas	surer, Receiver or Trustee

		5.
	* 9 2 / 3 / *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date:	03-29-99	that all statements contained herein are true and correct.
Check No.:	231	Signature of Officer Date
Ву:	SPD	Print or Type Name of Officer
FOR SECRETARY	OF STATE USE ONLY	Title of Officer



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



(FORM MUST BE TYPED IN BLACK	;)				
1. Corporate ID No. 92737	2. Name of Corporation	•			•
3. Street Address Principal Business Off	CATALPA fice	Lro.	City	State	Zip
4 CA-TALPA	ROAD		PROVIDBACIE	R.A	02906
4. Business Phone No.		5. State of Incorporation	· · · · · · · · · · · · · · · · · · ·	•	6. SIC Code
401-351-1039		RI			87 <i>33</i>
7. Brief Description of the Character of		/ \			•
EOUCATIONAL			<u>ب</u>		
8. NAMES AND ADDRESSE					
		CS CA BOA FOR ALLACHA	Vice President Name		
Thomas A.	We cons				
Street Address	. V/430N		Street Address		
Q Catalon	0.0		Street Mauress		
9 CATRLPA CHY PROVIDENCE	~ <i>\(\tau\)</i>	Zip	City	State	Zip
Paramara	31016		City	State	2.7
	, 14 	02901		• • • • •	
Secretary Name			Treasurer Name		
Street Address	•		Street Address		
SIRCE ASSESS					
City	State	Zip	City	State	Zip
	•	- <i>'</i>	•		·
9. NAMES AND ADDRESSE	S OF THE DIRECT	TOPS (*Y* BOY FOR ATTAC	'NMENT)		
P. C.		ORS A DOMIGNATIAL	Director Name		
Thomas	1.1.60				
Street Address	- /		Street Address		
9 (120100	$Q \Omega$				
Chr. Ch. L. Ch.	State	Zie	City	State	Złp
	<i>a</i> >	219 02916	J,	•	•
Thomas A. Street Address G CATALON City Director Name	114	01970	Director Name		
Director Nume			Querio, tanne		
Street Address			Street Address		
Street Autoress			Sitter Abouts		
City	State	Zip	City	State	Zip
City	Jiale	2.1p	City	31416	2.7
10 0111050 111511051355	(a		11 CHARGE (CCUED /		um)
10. SHARES AUTHORIZED	("X" BOX FOR ATTACH	MENT)	11. SHARES ISSUED (X BOX FOR ATTACHME	11)
AUTHORIZED SHARES			ESTUFED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
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0,000	\mathcal{N}	o PAR VALVE	•		
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		•	• •	_	
This report must be signed	d in ink by either	the President. Vice P	resident. Secretary. Assi	stant Secretary, Trea	surer, 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.

riie Date:		
Check No.: _	128	
Rv:	KMF	

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Officer

Signature of Officer

Title of Officer