



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 02903-1339
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | | | | | |
|---|--|---|--|---------------------|--|---|--|
| 1. Corporate ID No. 92737 | | 2. Name of Corporation Catalpa, Ltd. | | | | | |
| 3. Street Address Principal Business Office 873 WARWICK AVE | | City WARWICK | | State RI | | Zip 02888 | |
| 4. Business Phone No. 401-467-5645 | | 5. State of Incorporation RHODE ISLAND | | | | 6. SIC Code 7286 | |
| 7. Brief Description of the Character of Business Conducted in Rhode Island CONSULTING, PRODUCTION OF TEXTILE AND GRAPHIC MATERIALS. | | | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | | | |
| President Name THOMAS A. VILSON | | | | Vice President Name | | | |
| Street Address 154 OLD MILL BLVD. | | | | Street Address | | | |
| City WARWICK | | State RI | | Zip 02889 | | City | |
| Secretary Name | | | | Treasurer Name | | | |
| Street Address | | | | Street Address | | | |
| City | | State | | Zip | | City | |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | | | |
| Director Name NONE | | | | Director Name | | | |
| Street Address | | | | Street Address | | | |
| City | | State | | Zip | | City | |
| Director Name | | | | Director Name | | | |
| Street Address | | | | Street Address | | | |
| City | | State | | Zip | | City | |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES | | | | | | | |
| Number of Shares | | Class/Series | | Par Value | | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES | |
| 8,000 NO PAR VALUE | | | | | | 0 | |

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



| | |
|---------------------------------|-----------------|
| File Date | FILED |
| Check No. | MAR 02 2005 810 |
| By | By [Signature] |
| FOR SECRETARY OF STATE USE ONLY | |

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

THOMAS A. VILSON 2/28/05
Signature of Officer Date
THOMAS A. VILSON
Print or Type Name of Officer
PRESIDENT
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | | |
|---|-------------|---|-------------|---------------------|
| 1. Corporate ID No. 92737 | | 2. Name of Corporation Catalpa, Ltd. | | |
| 3. Street Address Principal Business Office 873 WARWICK AVE | | City WARWICK | State RI | Zip 02889 |
| 4. Business Phone No 401-467-5645 | | 5. State of Incorporation RHODE ISLAND | | 6. SIC Code 7286 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island CONSULTING, PRODUCTION OF TEXTILE AND GRAPHIC MATERIALS. | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| President Name THOMAS A. WILSON | | Vice President Name | | |
| Street Address 873 WARWICK AVE | | Street Address | | |
| City WARWICK | State RI | Zip 02889 | City | State Zip |
| Secretary Name | | Treasurer Name | | |
| 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 THOMAS A. WILSON | | Director Name | | |
| Street Address 873 WARWICK AVE | | Street Address | | |
| City WARWICK | State RI | Zip 02889 | City | State Zip |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State Zip |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES | | | | |
| Number of Shares | | Class/Series | Par Value | |
| 8,000 NO PAR VALUE | | | | |
| 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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



* 9 2 7 3 7 *

File Date 4/5/04
Check No. 775
By: W,
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
THOMAS A. WILSON 2/4/04
Date
THOMAS A. WILSON
Print or Type Name of Officer
President
Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

92737

Catalpa, Ltd.

3. Street Address Principal Business Office

873 WARWICK AVE.

City

WARWICK

State

RI

Zip

02888

4. Business Phone No.

401-467-5645

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7286

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

EDUCATION CONSULTING

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

President Name

THOMAS A. WILSON

Vice President Name

NONE

Street Address

154 OLD MILL BLVD

Street Address

City

WARWICK

State

RI

Zip

02889

City

State

Zip

Secretary Name

NONE

Treasurer Name

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

NONE

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

8,000 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



* 9 2 7 3 7 *

File Date: 1-30-03

Check No.: 730

By: UP

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. Wilson 1/29/03
Signature of Officer Date

THOMAS A. WILSON
Print or Type Name of Officer

PRINCIPAL PARTNER / PRESIDENT
Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 92737 2. Name of Corporation Catalpa, Ltd.
3. Street Address Principal Business Office
873 Warwick Ave
4. Business Phone No. 401-467-5645 5. State of Incorporation RHODE ISLAND

City Warwick State RI Zip 02889
6. SIC Code 7286

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

Education Consulting

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

President Name Thomas A. Wilson
Street Address 154 Old Mill Blvd.
City Warwick State RI Zip 02889

Vice President Name None
Street Address

Secretary Name None
Street Address

Treasurer Name

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 None
Street Address
City State Zip

Director Name None
Street Address
City State Zip

Director Name None
Street Address
City State Zip

Director Name None
Street Address
City State Zip

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value
8,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value
8

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: 1-23-02
Check No.: 633
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

Thomas A. Wilson 1/18/02
Signature of Officer Date

Thomas A. Wilson
Print or Type Name of Officer

Principal Partner / President
Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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 Catalpa, Ltd.

3. Street Address Principal Business Office 873 WARWICK AVE City WARWICK State RI Zip 02888
4. Business Phone No. 401-467-5645 5. State of Incorporation RHODE ISLAND 6. SIC Code 7288

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

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

President Name THOMAS A. WILSON
Street Address 154 OLD MILL BLVD
City WARWICK State RI Zip 02889

Vice President Name
Street Address
City State Zip

Secretary Name
Street Address
City State Zip

Treasurer Name
Street Address
City State Zip

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

Director Name THOMAS A. WILSON
Street Address 154 OLD MILL BLVD
City WARWICK State RI Zip 02889

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
NONE

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



* 9 2 7 3 7 *

File Date: 6/13/01
Check No.: 504
By: GAM

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. Wilson 3/7/01
Signature of Officer Date
THOMAS A. WILSON
Print or Type Name of Officer
PRESIDENT
Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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 Catalpa, Ltd.
3. Street Address Principal Business Office 9 CATALPA ROAD City PROVIDENCE State RI Zip 02906
4. Business Phone No. 401-351-1039 5. State of Incorporation RHODE ISLAND 6. SIC Code 7286

7. Brief Description of the Character of Business Conducted in Rhode Island
EDUCATION RESEARCH, WRITING & CONSULTING

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

| | |
|--|---|
| President Name <u>THOMAS A. WILSON</u> | Vice President Name <u>NONE</u> |
| Street Address <u>9 CATALPA ROAD</u> | Street Address <u>NONE</u> |
| City <u>PROVIDENCE</u> State <u>RI</u> Zip <u>02906</u> | City <u>NONE</u> State <u>NONE</u> Zip <u>NONE</u> |
| Secretary Name <u>NONE</u> | Treasurer Name <u>NONE</u> |
| Street Address <u>NONE</u> | Street Address <u>NONE</u> |
| City <u>NONE</u> State <u>NONE</u> Zip <u>NONE</u> | City <u>NONE</u> State <u>NONE</u> Zip <u>NONE</u> |

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

| | |
|--|---|
| Director Name <u>THOMAS A. WILSON</u> | Director Name <u>NONE</u> |
| Street Address <u>9 CATALPA RD</u> | Street Address <u>NONE</u> |
| City <u>PROVIDENCE</u> State <u>RI</u> Zip <u>02906</u> | City <u>NONE</u> State <u>NONE</u> Zip <u>NONE</u> |
| Director Name <u>NONE</u> | Director Name <u>NONE</u> |
| Street Address <u>NONE</u> | Street Address <u>NONE</u> |
| City <u>NONE</u> State <u>NONE</u> Zip <u>NONE</u> | City <u>NONE</u> State <u>NONE</u> Zip <u>NONE</u> |

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

AUTHORIZED SHARES

| | | |
|------------------|--------------|-----------|
| Number of Shares | Class/Series | Par Value |
|------------------|--------------|-----------|

8,000 SHS NO PAR VALUE

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

ISSUED SHARES

| | | |
|------------------|--------------|-----------|
| Number of Shares | Class/Series | Par Value |
|------------------|--------------|-----------|

NONE

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



* 9 2 7 3 7 *

File Date: 2-24-00

Check No.: 316

By: AMF

FOR SECRETARY OF STATE USE ONLY

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

Thomas A. Wilson 2/22/00
Signature of Officer Date

THOMAS A. WILSON
Print or Type Name of Officer

PRESIDENT
Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

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

(FORM MUST BE TYPED IN BLACK)

| | | | | | |
|--|--------------------|--|--------------------|--------------|-----------|
| 1. Corporate ID No. 92737 | | 2. Name of Corporation Catalpa, Ltd. | | | |
| 3. Street Address Principal Business Office 9 CATALPA RD. | | City PROVIDENCE | State RI | | |
| 4. Business Phone No. 401-351-1039 | | 5. State of Incorporation RHODE ISLAND | | | |
| 6. SIC Code 7286 | | 7. Brief Description of the Character of Business Conducted in Rhode Island EDUCATION WRITING, RESEARCH & CONSULTING | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name THOMAS A. WILSON | | Vice President Name | | | |
| Street Address 9 CATALPA RD | | Street Address | | | |
| City PROVIDENCE | State RI | City | State | | |
| Zip 02906 | | Zip | | | |
| Secretary Name | | Treasurer Name | | | |
| Street Address | | Street Address | | | |
| City | State | City | State | | |
| Zip | | Zip | | | |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name THOMAS A. WILSON | | Director Name | | | |
| Street Address SAME | | Street Address | | | |
| City | State | City | State | | |
| Zip | | Zip | | | |
| Director Name | | Director Name | | | |
| Street Address | | Street Address | | | |
| City | State | City | State | | |
| Zip | | Zip | | | |
| 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) | | 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) | | | |
| AUTHORIZED SHARES | | ISSUED SHARES | | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 8,000 SHS NO PAR VALUE | | 0 | | | |

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: **03-29-99**
Check No.: **231**
By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

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

Thomas A. Wilson 3/20/99
Signature of Officer Date
THOMAS A. WILSON
Print or Type Name of Officer
PRESIDENT
Title of Officer



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

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



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

~~06-1479842~~ CATALPA LTO.

3. Street Address Principal Business Office

9 CATALPA ROAD

City

PROVIDENCE

State

RI

Zip

02906

4. Business Phone No.

401-351-1039

5. State of Incorporation

RI

6. SIC Code

8733

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

EDUCATIONAL & GRAPHIC CONSULTING

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

President Name

THOMAS A. WILSON

Vice President Name

Street Address

9 CATALPA RD

Street Address

City

PROVIDENCE

State

RI

Zip

02906

City

State

Zip

Secretary Name

Treasurer Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

Director Name

THOMAS A. WILSON

Director Name

Street Address

9 CATALPA RD

Street Address

City

PROVIDENCE

State

RI

Zip

02906

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

8,000

NO PAR VALUE

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

ISSUED SHARES

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: 5-26-98

Check No.: 128

By: AMF

FOR SECRETARY OF STATE USE ONLY

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

Thomas A. Wilson 5/22/98
Signature of Officer Date

THOMAS A. WILSON
Print or Type Name of Officer

PRESIDENT
Title of Officer