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

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SECR OF STATE
COR. ONS DIV

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, Rt 02903-1335 401.222.3040

	CORRORATION	i kajantika dire	DODE FOR	THE VEAD	2005
PROFIT	CORPORATION	I ANNUAL RE	LOKPTOR	THE YEAR	
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Corporate ID No. 84148	2. Name of Corpor Verbatim Ty	ration pesetting & Design,	Inc.		
Sireei Address Principal Bu	siness Office		City	State	Zip
239 Rochambeau A	venue		PROVIDENCE	RI	02906 -
Business Phone No.		5. State of Incorpora			S. SIC Code
4012736930		RHODE ISLA	ND		8517
Brief Description of the Chic O PROVIDE TYPESET					1/2
	SSES OF THE OFF	ICERS ("X" BOX FOR.	ATTACHMENT) 🗌 FILL IN SPA	CES BEFORE USING ATT	ACHMENTS
President Name			Vice President Name		
oshua Bell			. Lynne Freed Bell	l.	
rees Address			. 324 Rochambeau I	Avenue	(i)
24 Rochambeau A		19:2	City	State	Zip
iny Providence,	State RI	Zip 02906	Providence,	RI	02906
amian Name			Treasurer Name		
Jostva	Bell		: Lynge F.	ried Bell	
			Street Address		<u> </u>
324 ROCA	Sandeso A	<i>que</i>	Street Address . 324 Roch	im besu 1	106
Crovidence	Siare	Zip G2906	Grovi dence	State & Z	2ip 02906
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Pirector Namé			Director Name		
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îry	State	Zip	.City	State	Z _i p
10. SHARES AUTHORI	ZEU ("X" BOX FOR	ATTACHMENT)	USSUED SHARES	BOX FOR ATTACHMENT	
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his report must be sig	ined in ink by eith	er the President. Vice	President, Secretary, Assis	tant Secretary, Treasu	rer, Receiver or Tru:
ma report mast or sig	07 0		•	•	

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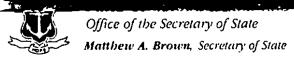
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signality of Officer Date

Joshua Bell
Print or Type Name of Officer

President

Form 630 12/01



Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _______200

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Filing Period: January 1 - March 1 • Filing Fée: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK)

1. Corporate ID No	2. Name of Corpor				
84148	Verbatim Ty	pesetting & Design, Inc.			
3. Street Address Principal Busin 769 B Hope St			Providence	State RI	02906
4. Business Phone No.	•	5. State of Incorporation	<i>n</i>	<u> </u>	6. SIC Code
401-273-6930		RHODE ISLAN	n		<u>851</u>
7. Brief Description of the Chart TO PROVIDE TYPES	ictor of Business Conducto	d in Rhode Island			
8. NAMES AND ADDRES	SES OF THE OFFIC	ERS: ("X" BOX FOR AT	TACHMENT) FILL II	N SPACES BEFORE USING	G ATTACHMENTS
President Name			Vice President Name		
Joshua Bell			Lynne Freed	Bell	
Street Address 324 Rochambea	u Avenue		Street Address 324 Rochambe	au Avenue	
CHy Providence	State RI	^{Zip} 02906	<i>City</i> Providence	State RI	02906
Secretary Name		Treasurer Name		· · · · · · · · · · · · · · · · · · ·	
Street Address			Sireci Address		
City	State	Zip	Сиу	State	Zip
Director Name Street Address			Director Name Street Address	_	
City ·	State	Zíp	City	State	Zip
Director Name		Director Name	Director Name		
Sirvei Address		<u></u> <u>.</u>	Street Address		
City	State	ZΨ	City	State	Zip
10. SHARES AUTHORIZ	 ED <i>("X" BOX FOR</i>	 ATTACHMENT) [11. SHARES ISSUED	 	HMENT) 🗌
AUTHORIZED SHARES			ISSUED SHARES		 .
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 COMM NO PAR VALUE		100	Common	No Par Valu	
This report mus	t be signed in ink by	either the President, Vic	e President, Secretary, Assi	stant Secretary, Treasurer,	Receiver or Trustee

File Date	40/06/6
Check No	1805
Ву:	18,
FO	R SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that including any accompanying schedules and state contained herein are true and street.	at I have examined this report. Ements, and that all statements 2 / 5 / 6 4
Signature of Officer TUSAUA Bell	Date
Print or Type Name of Officer 715 ident	
Title of Officer	Form 630 Rev. 12/03

FOR SECRETARY OF STATE USE ONLY

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

Ferrii 630 12102

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OF	R PRINTED IN BLACK) 2. Name of Corpo	ration			
84148	•	ypesetting & Design, Ir	34		
3. Street Address Principal B		Abesetting or nesign, in	iG. City	State	Zip
769 B Hope :	Street	5. State of Incorpora	Providence	RI	02906 6. SIC Code
401-273-6931 7. Brief Description of the C	O haracter of Business_Conducte	RHODE ISLA	AND		851
8. NAMES AND AD	PC SC HITY DRESSES OF THE OF	t als De. FICERS (*X* BOX FOR A	SIZA TTACHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	CHMENTS
Joshua Bell Street Address			Lynne Freed Be	11	
324 Rochambe	eau Avenue		324 Rochambeau	Avenue	
City	State	Zip	City	State	Zip
Providence	RI	02906	Providence	RI	02906
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Z.i.p
9. NAMES AND AD	DRESSES OF THE DI	RECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPAC	ES BEFORE USING ATT	ACHMENTS
Street Address			Street Address		
City	State .	Zip	City	State	Zip
Director Name		. 1	Director Name	•	• • • • • • • •
Street Address			Street Addiess		
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10. SHARES AUTHO	RIZED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED ((*X* BOX FOR ATTACHMENT	רי
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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File Date:	7.0.0	<u>) </u>	Mh	2	125/03
Check No.:	1080	<u>) </u>	Signapled of Officer	Ud Bell	Dafe

Print or Type Name of Officer

Title of Officer -**⊘**> 5

ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

I	ing	Period:	January	1-March	1 •	Filing I	ee:	\$50.00

ORM MUST RE TYPEL	NI C	HLACK

Corporate ID No.

2. Name of Corporation

84148

Verbatim Typesetting & Design, Inc.

Street Address Principal Business Office

769 B Hope Street

Providence, RI S. State of Incorporation

02906

6. SIC Code

851

Business Chone No.

RHODE ISLAND

401-273-6930
Brief Description of the Character of Business Conducted in Rhode Island

NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BEFORE USING ATTACHMENTS
ident Name	Vice President Name

sident Name

Joshua Bell

Providence

eet Address

retary Name

cet Address

324 Rochambeau Avenue

State

State

02906

Lynne Freed Bell

324 Rochambeau Avenue

City

State

RI

^{2ip} 02906

Zip

Treasurer Name

Street Address

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

ector Name

Director Name

Street Address

Director Name

Street Address

eet Address

State

Zip

210

City

State

State

Zip

cet Address

State

210

City

State

Zip

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

THORIZED SHARES

4,000 COMM NO PAR VALUE

mber of Shares

Class/Series

Par Value

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

Number of Shares

Class/Series

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.

Par Value

100

Common

Nopar Val

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





OR SECRETARY OF STATE USE ONLY

Title of Officer

1. Corporate ID No.

84148

3. Street Address Principal Business Office

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

Zip

State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

City

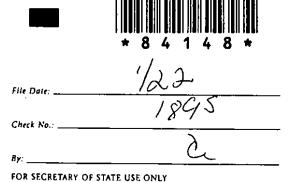
Verbatim Typesetting & Design, Inc.

, and a second parameter a	11111/2 1 66. \$50.00
(FORM MUST BE TYPED IN BLACK)	

2. Name of Corporation

1. Business Pho 401-27	Hope Street one No. 73-6930 otton of the Character of	Business Conducted li	5. State of Incorporation RHODE ISLAND n Rhode Island	Providence	RI	02906 6. sig gode
3. NAMES President Name	AND ADDRESSE	de typesett S of the offi	ing and design ser CERS (*X* BOX FOR ATTACH		BEFORE USING ATTAC	CHMENTS
treet Address	Joshua Beli	1		Lynne Freed Be	211	
treet Mauress	324 Rochaml	beau Avenue		324 Rochambeau	Avenue	
lity		State	Zip	City	State	Zip
ecretary Name	Providence	RI	02906 .	Providence Treasurer Name	RI	02906
treet Address				Street Address		
Stry		State	Zip	Сиу	State	Zip
NAMES A	AND ADDRESSE	S OF THE DIRE	CTORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACE Director Name	S BEFORE USING ATTA	ACHMENTS
treet Address				Street Address		
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ity		State	Zip	City	State	ZIp
O. SHARES UTHORIZED SHA	AUTHORIZED (("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*.	X° BOX FOR ATTACHMENT	
umber of Share	rs	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000	COMM NO PAR	VALUE				
				100	Common	Nopar Val

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.

Signature

Joshua Bell Print or Type Name of Officer

President

Title of Officer

FOR SECRETARY OF STATE USE ONLY

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

th Main Street, Providence, RI 02903-1335 401-277-3040

PR OF IT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

(FORM MUST BETYPED IN BLACE 1. Carpoint ID No. 84148	k)				[INSTRUCTE
1. Corpoute ID No. 84148					100111111111111111111111111111111111111
	2. Name of Corporation Verbatim T	ypesetting & De	esign, Inc.		
3. Street Address Mincipal Business Of	Nce		Clly	State	7:-
769-В Нор	e Street		Providence	RI	Zip
4. Business Phone No.		5. State of Incorporation		IV.L	02906
(401) 273	-6930	Rhode	Island		6. SIC Code 0851
7. Brief Description of the Character of		Rhode Island			0031
to provid	e typesettin	g and design se	rvices		
8. NAMES AND ADDRESSE					
President Name			Vice President Name		
Joshua Be	11		Lynne	Freed Bell	
Street A dhess			Street Address	Treed Bell	
324 Rocham	beau Avenue		324 Rochan	ibeau Avenue	
City	State	Zip	City	State	Zip
Providence	RI	02906	Providence	RI	02906
Secretary Name			Treasurer Name		02300
Street Addies			Street Address		
City	State	Zip	City	State	Zip
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9. NAMES AND ADDRESSE	S OF THE DIREC	TORS ("X" BOX FOR AT	TACHMENT)		-
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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Director Name		•	Director Name		
Street Addiess			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	"X" BOX FOR ATTAC	HMENT)	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
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41000SHS COMM NO					No Par Val

Signatu

Title of Officer

Print or Type Name of Officer

Joshua Bell

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

84148

Verbatim Typesetting & Design, Inc.

	s Office		City	State	Zip
24 Mutual Place 4. Business Phone No.	e	5. State of Incorporation	Providence	RI	02906 6. SIC Code
(401) 273-6930		RHODE ISLANI	ס		0851
7. Brief Description of the Charact	er of Business Conducted in	Rhode Island			
to provide type	setting and de	sign services			
8. NAMES AND ADDRE	_	-	HMENT)	-	
President Name			Vice President Name		
Josh	ua Bell		Lynne Freed	d Bell	
Street Address			Street Address	•	
3 24	Rochambeau Av	renue	324 Rocham	oeau Avenue	
City	State	Zip	City	State	Zip
Providence	RI	02906	Providence	RI	02906
Secretary Name	•		Treasurer Name	•	· · · · · · · · · · · · · · · · · · ·
Street Address			Street Address	,	
City	State	Zip	City	State	Zip
9. NAMES AND ADDRE Director Name	SSES OF THE DIRE	CTORS (*X* BOX FOR ATT	CHMENT) Director Name		
	SSES OF THE DIRE	CTORS (*X* BOX FOR ATT)	• '	. <u>-</u>	
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Director Name Street Address City Director Name Street Address City 10. SHARES AUTHORIZI	State State	Zip	Director Name Street Address City Director Name Street Address City 11. SHARES ISSUED (State	

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

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Ву:	WP W	_
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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.

2/24/98

Signature of Officer

Joshua Bell

Print or Type Name of Officer

President

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 1997

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

(FORM MUST BE TYPED IN BLACK)

I. Corporate ID No.

2. Name of Corporation

84148

Verbatim Typesetting & Design, Inc.

. Direct Address Francipal Business Of	Hire		City	State	Zip
24 Mutual Pla	ace	S. State of Incorporation	Providence	RI	02906 6. SIC Code
(401) 273-693 Bilef Description of the Character of	30 f Business Conducted in Rho	RHODE ISLANI de Island	0		0851
to Provide ty B. NAMES AND ADDRESSI		nd design ser RS (*x* BOX FOR ATTACH)			
resident Name			Vice President Name		
Joshua Bell			Lynne Freed Street Address	Bell	
324 Rochambea	u Avenue		324 Rochamb	eau Avenue	
City	State	Zip	City	State	Zip
Providence	RI	02906	Providence	RI	02906
ecretary Name			Treasurer Name	·	
treet Address			Street Address		
lity	State	Zip	Спу	State	Zip
. NAMES AND ADDRESSI	ES OF THE DIRECTO	ORS (*X* BOX FOR ATTAC	HMENT)		
Director Name			Director Name		• •
treet Address	<u>.</u> .		Street Address	•	
Sity	State	Zip	City	State	Zip
Director Name			Director Name		
treet Address			Street Address		

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

State

AUTHORIZED SHARES
Number of Shares

Class/Series

Par Value

Zip

ISSUED SHARES

City

Number of Shares

Class/Series

State

Par Value

Zip

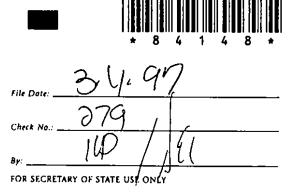
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No Par Value

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.

Symptome of Officer

Date

Print or Type Name of Officer

Title of Officer

PROFIT CORPORATION ANNUAL REPORT

Filing Period: January 1-March 1

Filing Fee: \$50.00



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Companions Division

Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 + (401) 277-3040

CORPORATE IO NO	2. NAME OF CORPORATION					
84148	Verbatim	Typesetting & Des	ien. Inc	•		
REET ADDRESS PRINCIPAL BUSINES	IS OFFICE		iany The .	STATE	77P COOE	
24 Mutual Pla	ace		Providence	RI	02906	
SINESS PHONE NO.		5. STATE OF INCORPORATION	L		6 SEC 000E	
		Rhode Island			0851	
EF DESCRIPTION OF THE CHARACTE	R OF BUSINESS CONDUCTED IN RHOD	L.	····		1 0031	
To provide ty	pesetting and	design services				
		MES AND ADDRES	SES OF THE O	FFICERS		
DENT NAVE	· – -		VICE PRESIDENT NAME		- -	
Joshua Bell			Lynne Freed Be	e11		
et alloress 324 Rochambea	ui Armnio		STREET ADDRESS			
	STATE	ZIP CODE	324 Rochambeau	Avenue	79.000	
Providence	RI	²⁷ 02906	Providence	RI	³⁷ 02906	
ETARY NAME	وخجيبا المتحدد		TREASURER NAME	* 1 · · · · · · · · · · · · · · · · · ·		
Joshua Bell			Lynne Freed Bell			
324 Rochambea	an Arramus		STREET ADDRESS			
J24 ROCHambea	I STATE	ZIP CODE	324 Rochambeau			
Providence	RI	02906	Providence	STATE	²³⁷ ∞∞€ 02906	
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	STATE	ZP C00E	CITY DIRECTOR NAME	STATE	ZIP COOE	
CTOR HAME	STATE	ZIP COOE	DIRECTOR NAME	STATE	ZIP CODE	
CTOR HAME ET Adoress	STATE	ZIP COOE		STATE	ZIP COOE	
CTOR HAME	STATE	ZIP COOE	DIRECTOR NAME	STATE	ZIP CODE	
CTOR MAME			DIRECTOR NAME STREET ADDRESS			
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ET ADDRESS	STATE 1 0 . S AUTHORIZED SHARES	ZP COOE HARES AUTHORIZ	DIRECTOR NAME STREET ADDRESS CITY E D A N D 1 S S U E D	STATE STATE	ZIP CODE PAR VALUE	
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CTOR NAME ET ADORESS MUMBER DE SHARES	STATE 1 0 . S AUTHORIZED SHARES CLASS/SER'ES	ZIP COOE HARES AUTHORIZ PARVALUE	DIRECTOR NAME STREET ADDRESS CITY E D A N D I S S U E D NUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	ZIP CODE PAR VALUE	
ET ADDRESS MUMBER DE SHARES	STATE 1 0 . S AUTHORIZED SHARES CLASS/SER'ES	ZIP COOE HARES AUTHORIZ PARVALUE	DIRECTOR NAME STREET ADDRESS CITY E D A N D I S S U E D NUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	ZIP CODE PAR VALUE	

DI EACE TYPE OF COUNT IN DI ACK INC.

File Date: 3/27/96Check No: 483By:
For Secretary of State Use Only

Verbatim Typesetting & Design, Inc.

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

Joshua Bell

Print or Type Name of Officer President

3/21/96

Title of Officer

Date