



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

SEC
COR.

FILED
OF STATE
CORP DIV

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 2005

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

OCT 20 AM 11:20

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 84148		2. Name of Corporation Verbatim Typesetting & Design, Inc.			
3. Street Address Principal Business Office 239 Rochambeau Avenue		City PROVIDENCE	State RI	Zip 02906	
4. Business Phone No. 4012736930		5. State of Incorporation RHODE ISLAND		6. SIC Code 8511	
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE TYPESETTING AND DESIGN SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joshua Bell		Vice President Name Lynne Freed Bell			
Street Address 324 Rochambeau Avenue		Street Address 324 Rochambeau Avenue			
City Providence,	State RI	Zip 02906	City Providence,	State RI	Zip 02906
Secretary Name Joshua Bell		Treasurer Name Lynne Freed Bell			
Street Address 324 Rochambeau Ave		Street Address 324 Rochambeau Ave			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 COMM NO PAR VALUE			100 Common NO PAR VALUE	Common	NO PAR VALUE

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



8 4 1 4 8

84148 DBC 02/17/05 12:30:24 AM

FILED

File Date

OCT 20 2005

Check No.

By MBH72

By

OR 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

Date

Joshua Bell

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



Office of the Secretary of State
Matthew A. Brown, Secretary of State

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. 84148		2. Name of Corporation Verbatim Typesetting & Design, Inc.			
3. Street Address Principal Business Office 769 B Hope Street			City Providence	State RI	Zip 02906
4. Business Phone No. 401-273-6930		5. State of Incorporation RHODE ISLAND			6. SIC Code 851
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE TYPESETTING AND DESIGN SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joshua Bell			Vice President Name Lynne Freed Bell		
Street Address 324 Rochambeau Avenue			Street Address 324 Rochambeau Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 COMM NO PAR VALUE			100	Common	No Par Value

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



* 8 4 1 4 8 *

File Date 2/20/04
Check No. 1805
By: JB

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

Print or Type Name of Officer

Title of Officer

Date



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. **84148** 2. Name of Corporation **Verbatim Typesetting & Design, Inc.**

3. Street Address Principal Business Office **769 B Hope Street** City **Providence** State **RI** Zip **02906**

4. Business Phone No. **401-273-6930** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **851**

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

Type setting & web Design

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

President Name

Joshua Bell

Street Address

324 Rochambeau Avenue

City **Providence** State **RI** Zip **02906**

Secretary Name

Street Address

City State Zip

Vice President Name

Lynne Freed Bell

Street Address

324 Rochambeau Avenue

City **Providence** State **RI** Zip **02906**

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

Street Address

City State Zip

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

4,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series 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



* 8 4 1 4 8 *

File Date: 4-3-03

Check No.: 1580

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.

Signature of Officer

Joshua Bell

Date

2/25/03

Print or Type Name of Officer

President

Title of Officer

5

Form 650 12/02

ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

FORM MUST BE TYPED IN BLACK

Corporate ID No.

2. Name of Corporation

84148

Verbatim Typesetting & Design, Inc.

Street Address Principal Business Office

City

State

Zip

769 B Hope Street

Providence, RI

RI

02906

Business Phone No.

5. State of Incorporation

6. SIC Code

401-273-6930

RHODE ISLAND

851

Brief Description of the Character of Business Conducted in Rhode Island

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

President Name

Vice President Name

Joshua Bell

Lynne Freed Bell

Street Address

Street Address

324 Rochambeau 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

Zip

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

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

4,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

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



* 8 4 1 4 8 *

Filing Date: 7-26-02

Check No.: 2401

By: [Signature]

OR 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

2/20/02

Date

Joshua Bell

Print or Type Name of Officer

Title of Officer

5



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.

84148

2. Name of Corporation

Verbatim Typesetting & Design, Inc.

3. Street Address Principal Business Office

769 B Hope Street

City

Providence

State

RI

Zip

02906

4. Business Phone No.

401-273-6930

5. State of Incorporation

RHODE ISLAND

6. SIC Code

851

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

to provide typesetting and design services

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

President Name

Joshua Bell

Street Address

324 Rochambeau Avenue

City

Providence RI

Zip

02906

Secretary Name

Street Address

City

State

Zip

Vice President Name

Lynne Freed Bell

Street Address

324 Rochambeau Avenue

City

Providence

State

RI

Zip

02906

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

Street Address

City

State

Zip

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

4,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

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



* 8 4 1 4 8 *

File Date: 1/22/05

Check No.: 2

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.

Signature of Officer: [Signature] Date: 1/18/05

Print or Type Name of Officer: Joshua Bell

Title of Officer: President

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 84148 2. Name of Corporation Verbatim Typesetting & Design, Inc.
3. Street Address Principal Business Office 769-B Hope Street Providence RI 02906
4. Business Phone No. (401) 273-6930 5. State of Incorporation Rhode Island 6. SIC Code 0851

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

to provide typesetting and design services

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

President Name Joshua Bell Vice President Name Lynne Freed Bell
Street Address 324 Rochambeau Avenue Street Address 324 Rochambeau Avenue
City Providence State RI Zip 02906 City Providence State RI Zip 02906
Secretary Name Treasurer Name
Street Address Street Address
City City State State Zip Zip

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

Director Name Director Name
Street Address Street Address
City City State State Zip Zip
Director Name Director Name
Street Address Street Address
City City State State Zip Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
4000SHS	COMM	NO PAR VAL

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100.	Common	No Par Val

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

FILED

JUN 29 2000

By

Joshua Bell

File Date: _____

Check No.: _____

By: _____

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

Joshua Bell
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. **84148** 2. Name of Corporation **Verbatim Typesetting & Design, Inc.**
3. Street Address Principal Business Office **24 Mutual Place** City **Providence** State **RI** Zip **02906**
4. Business Phone No. **(401) 273-6930** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0851**

7. Brief Description of the Character of Business Conducted in Rhode Island
to provide typesetting and design services

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

President Name Joshua Bell	Vice President Name Lynne Freed Bell
Street Address 3 24 Rochambeau Avenue	Street Address 324 Rochambeau Avenue
City Providence	City Providence
State RI	State RI
Zip 02906	Zip 02906
Secretary Name	Treasurer Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
4,000 SHS COMM NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100. Common No Par Val

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



File Date: **3.3.98**
Check No.: **SG7**
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.

Signature of Officer

Joshua Bell

Print or Type Name of Officer

President

Title of Officer

Date
2/24/98



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 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

84148

2. Name of Corporation

Verbatim Typesetting & Design, Inc.

3. Street Address Principal Business Office

24 Mutual Place

City

Providence

State

RI

Zip

02906

4. Business Phone No.

(401) 273-6930

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0851

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

to Provide typesetting and design services

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

President Name

Joshua Bell

Vice President Name

Lynne Freed Bell

Street Address

324 Rochambeau Avenue

Street Address

324 Rochambeau Avenue

City

Providence

State

RI

Zip

02906

City

Providence

State

RI

Zip

02906

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

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

4,000 SHS COMM NO PAR VAL

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100.00

common

No Par Value

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



* 8 4 1 4 8 *

File Date: 3/4/97

Check No.: 279

By: 140 / Jell

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: Joshua Bell Date: 2/20/97

Print or Type Name of Officer: Joshua Bell

Title of Officer: President

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 84148		2. NAME OF CORPORATION Verbatim Typesetting & Design, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 24 Mutual Place		CITY Providence	STATE RI
4. BUSINESS PHONE NO.		5. STATE OF INCORPORATION Rhode Island	ZIP CODE 02906
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND To provide typesetting and design services			

8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME Joshua Bell		VICE PRESIDENT NAME Lynne Freed Bell	
STREET ADDRESS 324 Rochambeau Avenue		STREET ADDRESS 324 Rochambeau Avenue	
CITY Providence	STATE RI	CITY Providence	STATE RI
ZIP CODE 02906		ZIP CODE 02906	
SECRETARY NAME Joshua Bell		TREASURER NAME Lynne Freed Bell	
STREET ADDRESS 324 Rochambeau Avenue		STREET ADDRESS 324 Rochambeau Avenue	
CITY Providence	STATE RI	CITY Providence	STATE RI
ZIP CODE 02906		ZIP CODE 02906	

9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME None		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		ZIP CODE	
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		ZIP CODE	

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
4000.00	Common	No par value	100.00	Common	No par value

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Verbatim Typesetting & Design, Inc.

File Date: 3/27/96
Check No: 483
By: CP

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

Joshua Bell

Print or Type Name of Officer

President

3/21/96

Title of Officer

Date