

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

Matthew A. Brown, Secretary of State

PROFIT (CORPORATION	ANNUAL R	REPORT F	OR THE Y	EAR	2005

Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 2. Name of Corporation Mars 2000, Inc. 3. Street Address Principal Business Office 200 State 02909 Providence RI 40 Agnes Street 4. Business Phone No. 5. State of Incorporation 6. SIC Code 401-421-5275 1883 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island TO MANUFACTURE, SELL AND OTHERWISE DEAL IN PLASTIC RELATED PRODUCTS. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name K. Jason Krikorian Karl J. Krikorian Street Address Street Address c/o 40 Agnes Street c/o 40 Agnes Street 02909 02909 RI RI Providence Providence Treasurer Name Secretary Name K. Jason Krikorian K, . Jason Krikorian Street Address Street Address c/o 40 Agnes Street c/o 40 Agnes Street City 02909 RΙ 02909 RΙ Providence Providence 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address ZФ City State ZID Director Name Director Name Sine Address Street Address State Zip City 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 Par Value Class/Series 8,000 \$1.00 PAR VALUE 2,000 common \$1.00 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 negrin fire true and correct. File Date Signature of Officer Check No. Karl J. Krikorian Print or Type Name of Officer President President FOR SECRETARY OF STATE USE ONLY 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

ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	20
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004 Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK)

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	lars 2000, Inc.					
Address Principal Business Office		City Providence	State RI	<i>Ζιρ</i> 02909		
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- 5275	PHOL	DE ISLAND				
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l J. Krikorian		K. Jason Kril	korian			
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40 Agnes Street		c/o 40 Agnes	Street			
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rry Name		Treasurer Name		1.84888		
Jason Krikorian		Kari K. Kriko	orian			
Address		Street Address	Ar Yerr			
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or Name		Director Name Street Address				
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or Name	J	Director Name				
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	/Series Par Value	Number of Shares	Class/Series	Par Value		
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00 \$1.00 PAR VALUE		2,000	common	\$1.		

File Date FECRIVED
Check No. JAN 2 2 2004
By: 3Y
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm the	
including any accompanying schedules and state contained herein are true and correct.	tements, and that all statements
contained herein are true and correct.	1-18-03
Signature of Officer	Date
Karl J. Krikorian	
Print or Type Name of Officer	
President	
Title of Officer	Form 630 Pay 12/03



8,000

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Edward S. Inman, III, Secretary of State Corporation 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



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2. Nume of Corpora	tion			
Mars 200	O, Inc.			
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	5. State of Incorp	oration		6. SIC Code
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n		Treasurer Name Karl K. Krůko		
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

\$1.00

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flie Date:	By 14750 GM

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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 rue and correct.

common

\$1.00

Strature of Officer Date

Karl J. Krikorian
Print or Type Name 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

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 91849 Mars 2000, Inc. 3. Street Address Principal Business Office State 02909 40 Agnes Street **Providence** RI 4. Business 1 - 421 - 5275 5. State of Incorporation 1883°de 7. Brief Description of the Character of Business Conducted in Rhode Island Injection molding 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Karl J. Krikorian K. Jason Krikorian Street Address 40 Agnes Street Street Address 40 Agnes Street Providence State RI Providence ก์ว็909 K. Jason Krikorian Karl J. Krikorian Street Address Street Address same as above same as above City Ŕ٩" 2.10 City Zip SιαΚί 9. 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 City State Zio Director Name Director Name Street Address Street Address City State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) Number of Shares AUSTRACE STARTS Common Class/Series .00 1.00 Common

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

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File Date:		
Check No.:	2/00	
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	OF STATE USE ONLY	

Number of Shares

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.

Karl J. Krikorian

Print or Type

Title of Officer

Farm 630 12/01

Carporations 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

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PLEASE READ
INSTRUCTIONS

ORM MUST BE TYPED IN BLACK)						
1. Corporate ID No. 91849	2. Name of Corporation Mars 2000, 1	Inc.				
3. Street Address Principal Business Off	"Street		Providence	State .	²¹⁹ 02909	
4. Business Phone No. (401) 421-5	∂25	S. State of Incorporation RHODE ISLAND			6. 5 1 8 6 3	
7. Brief Description of the Character of	Business Conducted in Rhoo	te island	,			
8. NAMES AND ADDRESSE	S OF THE OFFICER	S ("X" BOX FOR ATTACHM	(ENT) FILL IN SPACES BEFO	RE USING ATTACHME	NTS	
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Street Address Ag nes	3_St		Street Address Agne	s St		
" 1720 ridence	State R. J.	202909	Providence	State P.	202909	
Secretary Name . Das	on Krik	WRian	Treasurer Name	. KRIKORI	AN	
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9. NAMES AND ADDRESSE	S OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	•	FORE USING ATTACHM	MENTS	
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This report must be signed	in ink by either t	he President, Vice Pr	esident, Secretary, Assistan	t Secretary, Treasurer,	Receiver or Trustee	

	* 9 1 _/ 8 4 _/ 9 *		ury, I declare and affirm that I have exa any accompanying schedules and state	
File Date:	4/20/2001		ntained herein are rue and correct. 3	2.01
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By:FOR SECRETARY OF S	TATE USE ONLY	Print or Type Name of Office	P	
	٠	Title of Officer	r	430 13400



File Date: .

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FOR SECRETARY OF STATE USE ONLY

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 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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40 Agnes St			Providence	RI	02909
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Karl J. Kri	korian		K. Jason Kriko	ian	,
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ry Drawidanaa	State	`zip 02909	Providence	RI	02909
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Signature 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 99

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I. Corporate ID No.

2. Name of Corporation

91849		000, Inc.	CIT	State	Zip
3. Street Address Principal Busines			City	•	
40 Agnes S	treet	6	Providence	RÏ	02909 6. SIC Code
4. Business Phone No. 401-421-52	25	5. State of Incorporati			1883
		Rhode I	Siano		1003
7. Brief Description of the Charact	•		and plactic related	amaharta	
		-	and plastic related	products.	
8. NAMES AND ADDRE	22F2 OF THE OFFI	CERS ("X" BOX FOR ALL	Vice President Name		
Karl J. Kriko	orian		K. Jason Kriko	rian	
Street Address	JI Tali		Street Address	LIGH	
c/o 40 Agnes	Street		c/o 40 Agnes S	treet.	
City	State	Zip	City	State	Zip
Providence	RI	02909	Providence	RI	02909
Secretary Name		•	Treasurer Name	•	
K. Jason Kril	orian		Karl J. Krikor	ian	
Street Address	WI I WI		Street Address	r om	
SAME AS ABOVE	R		SAME AS ABOVE		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRE	SSES OF THE DIRI	ECTORS (*x* BOX FOR	ATTACHMENT) Director Name Street Address		
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Director Name	·		Director Name		
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10. SHARES AUTHORIZ	LED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (* ISSUED SHARES	X" BOX FOR ATTACHMEN	T) .
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Volue
8,000	COMMON	\$ 1.00	2,000	common	\$1.00

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

FILED	Under penalty of perjury, I do this report, including any acc
JUN 0 2 2000	that all tratements contained
Check No.: By 344612/	Signature of Officer
Ву:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	VICE TESICELY

eclare and affirm that I have examined ompanying schedules and statements, and herein are true and correct.



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 1918 Filing Period: January 1-March 1 • Filing Fee: \$50.00



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(FORM MUST BE TYPED IN BLAC	K)				
1. Corporate ID No.	2. Name of Corporat	ion .		.	-
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arl J. Krikoria treet Address	n		Jason Krikori Street Address	an	
40 Agnes Stree	t. State	Żip	Same City	State	Zip
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Jason Krikorian treet Address		-	Karl J. Krik Street Address	orian	
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lumber of Shares .	Class/Series	Par Value	Number of Shares	Class/Series	• Par Value
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By:FOR SECRETARY O	F STATE USE ONL 72/34/9

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.

How S. Mulouan	и	10/98
Signature Officer	Ľ	ate

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

PROFIT CORPORATION ANNUAL REPORT 1997

Filling Period: January 1-March 1 • Filling Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) I. Corporate ID No. 2. Name of Corporation Mars 2000, Inc. 91849 3. Street Address Principal Business Office City State Zip 45 Troy Street L_Providence 02903 4. Rusiness Phone No. 5. State of Incorporation **RHODE ISLAND** (401) 421-5275_ 7. Brief Description of the Character of Business Conducted in Rhode Island To manufacture, sell and otherwise deal in plastics and plastic products. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) L President Name : Vice President Name Karl J. Krikorian K. Jason Krikorian Street Address Street Address 45 Troy Street 45 Troy Street City State Zip State Zip Providence RT 02903 Providence 02903 Secretary Name Treasurer Name K. Jason Krikorian Karl.J. Krikorian Street Address Street Address 45 Troy Street 45 Troy Street City City State ZIP Providence RI 02903 Providence RI 02903 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Street Address Street Address City City Director Name Director Name Street Address Street Address City ! Zip State 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Number of Shares 8,000 SHS \$1.00 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.

Signature of Officer Date

Karl J. Krikorian
Print or Type Name of Officer

President