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FOR SECRETARY OF STATE USE ONLY

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 (FORM MUST BE TYPED IN BLACK) I. Corporate ID No. 2. Name of Corporation 3450 Camirob Corp. 3. Street Address Principal Business Office Cin State Zip 30 RISHO AVENUE EAST PROVIDENCE RI 02914 4. Business Phone No. 5. State of Incorporation 6. SIC Code 4014354477 RHODE ISLAND 851 7. Brief Description of the Character of Business Conducted in Rhode Island WEOLESALE PRINTING, THERMOGRAPHY, RUBBER STAMPS, AND LABELS. 8. NAMES AND ADDRESSES OF THE OFFICERS CA" BOX FOR ATTACHMENT) | FILL, IN SPACES BEFORE USING ATTACHMENTS Vice President Name Carol L. Clarey Michael B. Clarey Street Address Street Address 30 Risho Avenue . 30 Risho Avenue Cin Cin State 7.ip State Zio East Providence RI RI 02914 02914 East Providence Secretary Name Treasurer Name Carol L. Clarey Robert M. Clarey Street Address Street Address 30 Risho Avenue .30 Risho Avenue Cin State Zio *Cin State Zip East Providence RI 02914 .East Providence RΙ 02914 9. NAMES AND ADDRESSES OF THE DIRECTORS. CAT BOX FOR ATTACHMEND [] FULL. IN SPACES BEFORE USING AUTACHMENTS Director Name Carol L. Clarey Michael B. Clarey · Street Address Street Address 30 Risho Avenue 30 Risho Avenue Cin State ·Cin· State Zip Zip 02914 02914 East Providence RI East Providence RI Director Name Director Name Robert M. Clarey None Sircei Address Street Address 30 Risho Avenue Ciņ Siate State East Providence RI 02914 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) IJ. SHARES ISSUED ("X" BOX FOR ATTACHMENT) \square **AUTHORIZED SHARES** ISSUED SHARES Par Value Number of Shares Number of Shares Class/Series Class/Series Par Value 1,000 COMM NO PAR VALUE No Par 200 Common 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. *3450 DBC 01/17/05 01:49:44 PM* -10-06 File Date

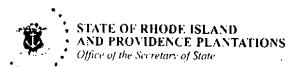
Signature of Officer

President

Title of Officer

Carol L. Clarey

Form 630 12/01



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

Street Address Principal Busin C. Riisho, Avenne		rp.			
C Richo Avenue	ess Office		City	State	Zip
0 11.13.10 WALTHE			East Providence	RI	02914
Business Phone No		5. State of Incorporation			6 SIC Code
01-435-4477		Rhode Island			851
Brief Description of the Chard HOLESALE PRINTING,	cter of Eusiness Con	ducted in Rhode Island , RUBBER STAMPS, AN	D LABELS.		
			ACHMENT) FILL IN SPACES	BEFORE USING ATTAC	CHMENTS
arol A. Clarey			Vice President Name Michael B. Clarey		
ect Address			Street Address		
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y.	State	Zıp	City:	State	· Zen
ast Providence	RI	02914	East Providence	RI	Zip 02914
retary Name		V 2 2 1	Treasurer Name	** *	
bort M. Clarey			Carol L. Clarey		
eet Address			Street Address		
Risho Avenue					
	State	7	30 Risho Avenue	•	4.2
st Providence	RI	Zip 02914	City	State	Zip
	_	02914	East Providence	RI	02914
ector ,vame	ES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) TFILL IN SPACE Director Name	ES BEFORE USING ATTA	ACHMENTS
arol L. Clarey			Michael B. Clarey		
eet Address			Street Address		
Risho Avenue			130 Risho Avenue		
· -	State	Zip	City	State	Zip
ist Providence	RI	02914	East Providence	RI	02914
ector Name			Director Name		
bert M. Clarey			None		
eet Address			Street Address		
Risho Avenue					
r	State	Zφ	Cay	State	Ζιρ
ast Providence	RI	02914			•
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	-	•			•



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FOR SECRE	TARY 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 Carol L. Clarey

Print or Type Name of Officer

President Title of Officer

Form 630 12/01



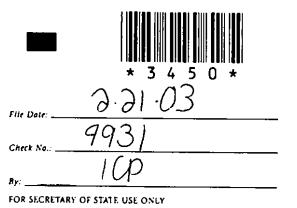
Edward S. Inman, III. Secretary of Stat Corporations Division 100 North Main Street, Providence, RI 02903-133; 401-222-3041

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

STOP PILANERIAD INSTRUCTIONS

Filing Period: January 1		inng Fee: \$50.00			PET AST I INSTRUCT
(FORM MUST BE TYPED OR PRINTEL 1. Corporate ID No.	O IN BLACK) 2. Name of Corporation				
3450	Camirob Corp				
3. Syget Address Principal Business Of			City	State	ZIp
Risho Avenue 4. Business Phone No. 401-435-4477		5. State of Incorporation	East Providence	RI	02914 6. SIG Code 0851.
7. Brief Description of the Character of Wholesale Printi			amps and labels		002%
8. NAMES AND ADDRESSE President Name	S OF THE OFFICE	ERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES BEFO Vice President Name	ORE USING ATTAC	HMENTS
Carol Clarey			Michael B. Clare		
Risho Avenue,	Unit-P.	Zip	Risho Avenue,	Unit E	
East Providence	RI	02914	East Providence	RI	zip 02914
Secretary Name Robert M. Clarey			Treasurer Nume Carol L. Clarey		· · · · · · · · · · · · · · · · · · ·
Street Address 3020 Risho Avenue,	Veite C		Street Address 30% Risho Avenue,	Unit E	
East Providence	State RI	02914	East Providence	State RI	^{Zip} 02914
9. NAMES AND ADDRESSE Director Name	S OF THE DIREC	TORS (*X* BOX FOR ATT)	ACHMENT) FILL IN SPACES BE Director Name	FORE USING ATTA	CHMENTS
Carol L. Clarey Streeg Address			Michael B. Clare	ey .	
Risho Avenue,	Hnit B	Zip	Risho Avenue,		
East Providence	RI	02914	East Providence	State RI	71p 02914
Robert M. Clarey Street Address			None Street Address		
30 🏤 Risho Avenue,	Unit E				
City	State	Zip	City	State	Zip
East Providence 10. SHARES AUTHORIZED (AUTHORIZED SHARES	RI (*X* BOX FOR ATTACE	02914 IMENT)	11. SHARES ISSUED ("X" BO	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALU	E		200	Common	No Par

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



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

Carol L. Clarey, President



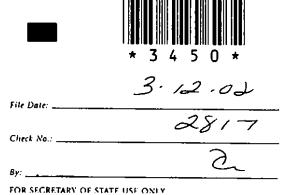
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL 2002



Filing Period: January	1-March 1 • Fil	ing Fee: \$50.00	OKI TOK THE	1 L A R	PLUSE READ INSTRUCTION
(FORM MUST BE TYPED IN BLAC	CK)				
1. Corporate ID No.	2. Name of Corporation			-	
3450	Camirob Corp.				
3. Street Address Principal Business (Office		City	State	Zip
20 Risho Avenue		5. State of Incorporation	East Providence	RI	02914 6. SIC Code
401-435-4477 7. Brief Description of the Character wholesale print	of Business Conducted in Rhod ing - thermogra	RHODE ISLAND Relationd Sphy - rubber s	tamps and labels		851
8. NAMES AND ADDRESS President Name	SES OF THE OFFICER	S ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BE	FORE USING ATTACHM	ENTS
Carol Clarey			Michael B. Clare	е у	
20 Risho Avenue,	Unit E State	Zip	- 20 Risho Avenue	, Unit E State	Zip
East Providence Secretury Name	RI	02914	East Providence Treasurer Name	. RI	02914
Robert M. Clarey Street Address 20 Risho Avenue,	Unit E		Carol L. Clarey Street Address 20 Risho Avenue,	Unit E	
_{Cuy} East Providence	State RI	02914	City East Providence	State RI	^{ZIp} 02914
9. NAMES AND ADDRESS Director Name Carol L. Clarey	SES OF THE DIRECTO	RS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES I Director Name Michael B. Clarey	BEFORE USING ATTACH	MENTS
Street Address 20 Risho Avenue,	Unit E		Street Address 20 Risho Avenue,	Unit E	
Ciny East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Director Name Robert M. Clarey	,	• • •	Director Name NONE		
Street Address 20 Risho Avenue,	Unit E		Street Address		
City East Providence	State RI	zir 02914	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES) (*X* BOX FOR ATTACHM	ENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VAL	UE		200	common	no par value

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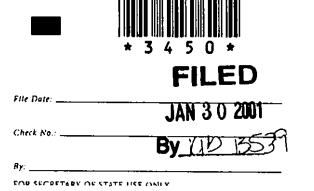
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and



Corporations Division 100 North Main Street, Providence, RI 02903-132 401-222-304

### April 1997 April 1	FORM MUST BE TYPED IN BLAC	K)				
20 Risho Avenue, Unit E **Business Providence** **PARTICLE PROVIDENCE PROVID	. Corporate ID No. 3450	2. Name of Corpora	corp.			
### A STATE CONTROL OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **CATCOL L. Clarey** **C	. Street Address Principal Business O	ffice.		City	State	Zip
Wholesale printing — thermography — rubber stamps — labels . NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Wice President Name Carol L. Clarey State Zip East Providence RI 02914 East Providen	. Business Phone No.	Unit E	5. State of Incorporation RHODE ISLAND	East Providence	RI	02914 6. şi (854
ANAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Michael B. Clarey Mi	. Brief Description of the Character o	f Business Conducted	in Rhode Island			
20 Risho Avenue, Unit E 10 Risho Avenue, Unit E 110 State East Providence RI 110 02914 East Providence RI 110 State St	. NAMES AND ADDRESS			MENT) FILL IN SPACES BEF	ORE USING ATTACH	IMENTS
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East Providence RI 02914 East Providence RI 02 Recetary Name Robert M. Clarey State Robert M. Clarey State Robert M. Clarey State Robert M. Clarey Robert M. C	•	Unit E		20 Risho Avenue	, Unit E	
Robert M. Clarey Robert	•		•	•		•
20 Risho Avenue, Unit E Ity State 21p City State 21p East Providence RI 02914 East Providence RI 02 NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Carol L. Clarey Michael B. Clarey Carol L. Clarey Michael B. Clarey State 21p East Address 20 Risho Avenue, Unit E Ity State 21p East Providence RI 02914 East Providence RI 02914 East Providence RI 02914 OSHARES AVENUE, Unit E State 21p East Providence RI 02914 OSHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) UTHORIZED SHARES SUMMER SAUTHORIZED (*X* BOX FOR ATTACHMENT) UTHORIZED SHARES Umber of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 COMM NO PAR VALUE	Robert M. Clarey	KI	02914	Treasurer Name Carol L. Clarey	RI	02914
East Providence RI 02914 East Providence RI 02 NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Itector Name Carol L. Clarey Michael B. Clarey Michael B. Clarey Street Address 20 Risho Avenue, Unit E 21p	20 Risho Avenue,	Unit E			. Unit E	
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20 Risho Avenue, Unit E ity State Zip City State Zip East Providence RI 02914 0. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) UTHORIZED SHARES Umber of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 COMM NO PAR VALUE	Robert M. Clarey	RI	02914	Director Name NONE	RI	. 02914
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	*		Par Value		Class/Series	Par Value
	1,000 COMM NO PAR	R VALUE		200	Common	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 flatements contained herein are true and correct.

Signature of Officer

Carol L. Clarey

Print or Type Name of Officer



James R. Langevin, Secretary of St. Corporations Divisi 100 North Main Street, Providence, RI 02903-13 401-222-30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00



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(FORM MUST BE TYPED IN BLA	CK) 2. Name of Corp	·			
•					
3450 3. Street Address Principal Business	Camirob	corp.	City	State	Zip
20 Risho Avenue, 4. Business Phone No.	Unit E	5. State of Incorporation	East Providence	RI	02914 6. SIC Code
(401) 435-4477 7. Brief Description of the Characte	r of Business Conducti	RHODE ISLAN	10		851
Wholesale printi	ng - thermo	graphy - rubber s	tamps - labels		
8. NAMES AND ADDRES President Name	SES OF THE O	FFICERS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES BE Vice President Name	FORE USING ATTAC	HMENTS
Carol L. Clarey Street Address			Michael B. Clare	У	
20 Risho Avenue,	Unit É		20 Risho Avenue,	Unit E	
City	State	Zip	City	State	21p
East Providence Secretary Name	RI	02914	East Providence Treasurer Name	RI	02914
Robert M. Clarey	•		Carol E. Clarey		
Street Address			Street Address		
20 Risho Avenue,	Unit E		20 Risho Avenue,	Unit E	
City	State	Zip.	City	State	Zip
East Providence	RI	02914	East Providence	RI	02914
9. NAMES AND ADDRES Director Name	SES OF THE DI	RECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES Director Name	BEFORE USING ATTA	ACHMENTS
Carol L. Clarey			Michael B. Clare	у	
20 Risho Avenue,	Unit E		20 Risho Avenue,	Unit F	
City	State	Zip	City	State	Zip
East Providence Director Name	RI	02914	East Providence	RI	02914
Robert M. Clarey			none		
Street Address			Street Address		
20 Risho Avenue,	Unit E				
City	State	Zip	City	State	Zip
East Providence	RI	02914			
10. SHARES AUTHORIZE AUTHORIZES SHARES	D (*X* BOX FOR A	TTACHMENT)	11. SHARES ISSUED (*X* ISSUED SHARES	BOX FOR ATTACHMENT	")
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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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. 2/4/00

Signature of Officer Date

Carol L. Clargey Print or Type Name of Officer



James R. Langevin, Secretary of S. Corporations Divis 100 North Main Street, Providence, RI 02903-1 401-222-3

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

STOI PILINI RI N PNIRI E IIO

(FORM MUST BE TYPED IN BLACK) 1. Corporate II) No. 2. Name of Corporation 3450 Camirob Corp.
3. Street Address Principal Business Office T State Zip 20 Risho Avenue, Unit E | East Providence 02915 RI 4. Rusiness Phone No. 5. State of incorporation 6. SIC Code (401) 435-4477 7. Brief Description of the Character of Business Conducted in Rhode Island 851 Wholesale printing - thermography 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Carol L. Clarey Michael B. Clarey Street Address Street Address 20 Risho Avenue, Unit E 20 Risho Avenue, Unit E Zip Zip East Providence 02915 ... RΙ East Providence RI Secretary Name Treasurer Name Robert M. Clarey Carol L. Clarey Street Address Street Address 20 Risho Avenue, Unit E 20 Risho Avenue, Unit E State City Zip East Providence RT 02915 02915 East Providence RI 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) - FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Carol L. Clarey Michael B. Clarey Street Address Street Address 20 Risho Avenue, Unit E 20 Risho Avenue, Unit E City Zip State Zip East Providence RI 02915 East Providence RI 02915 Director Name Director Name Robert M. Clarey none Street Address Street Address 20 Risho Avenue, Unit E 210 City State Z_{ip} East Providence RI 02915 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Number of Shares Par Value Par Value Class/Series 200 1,000 NO PAR COM Common No Par Value

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

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Check No.:	10337	
Ву:	20. N	
FOR SECRETAR	Y AT STATE HEE AND V	

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

2/10/99

Signature of Officer

Date

Carol L. Clarey



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

James R. Lanzevin, Secretary of Sta Corporations Divisi-100 North Main Street, Providence, Ri 02903-13. 401-277-30-

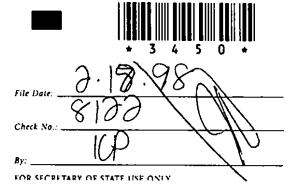
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

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(FORM MUST BE TYPED IN	i BLACK)				
1. Corporate ID No.	2. Name of Corporation				
3450	Camirob Corp) .			
3. Street Address Principal Bus			Clly	State	ZIp
20 Risho	Avenue, Unit	E 5. State of Incorporation	East Provid	ence, RI	02915 6. SIC Code
•	–4477 tracter of Business Conducted in R.	RHODE ISLAN	D		0851
8. NAMES AND ADD	e printing RESSES OF THE OFFICE	ERS (*x* box for attac			
President Name			Vice President Name		
Carol Classineer Address	arey		: Barbara Ko	osten	
20 Risho	Avenue, Unit	E Zip	20 Risho	Avenue, Unit E	Zip
East Pro	vidence, R.I.	02915	East Provide	nce, R.I.	02915
Barbara l Street Address	Kosten		Carol Cla	rey	·
20 Risho	Ave., Unit E	Zip	20 Risho	Ave., Unit E	Zip
	vidence, R.I. RESSES OF THE DIREC	02915 FORȘ ("X" BOX FOR ATT	East Provide ACHMENT) Director Name	dence, R.I.	02915
Carol Cla	arey		Barbara Kos	sten	
20 Risho	Ave., Unit E	Zip	20 Risho A	ve., Unit E	Zip
East Prov	vidence,R.I.	02915	East Provid	dence, R. I.	02915
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHOR	RIZED (*X* BOX FOR ATTACE	iment)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR C	ОМ		200	Common	No Par Val

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



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

Barbara Losken 2/1

Barbara Kosten,

Secretary

Print or Type Name of Officer

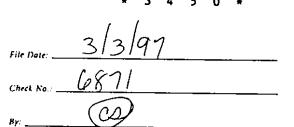
Ecretary



James R. Langevin, Secretary of Sta Corporations Division 100 North Main Street, Providence, Rt 02903-13. 401-277-30-

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: Januar (FORM MUST BE TYPED IN BL					INSTRUCTION BITORI COMPLETNO THE FORM
1. Corporate ID No. 3450	2. Name of Corporation Camirob Col			• • • • • • • •	
3. Street Address Principal Busines			· City	State	Zip
	enue, Unit E		East Provide	nce R.I.	02915
4. Business Phone No.		5. State of Incorporation			6. SIC Code
(401) 435-44 7. Bilef Description of the Charact		RHODE ISLAND Rhode Island			0851
Wholesale p 8. NAMES AND ADDRE President Name		ERS ("X" BOX FOR ATTACHN			
Carol Clare	ΔV		Vice President Name		
Street Address	e y		Barbara Kos	ten	
20 Risho Av	enue, Unit E	•	20 Risho Ave	nuo Ilni+ R	
City	State	Zip	City	State	Zip
East Provid	ence, R.I.	02915	East Provide	•	02915
Secretary Name			Treasurer Name		. 02313
Barbara Kos	sten		Carol Clarey		
Street Address	***** ***** ***		Street Address		
City	enue, Unit E		20 Risho Ave	nue, Unit E	
East Provid		zip 02915	City	State	Zíp
9. NAMES AND ADDRES				nce, R. I.	02915
Carol Clare	317		Director Name		
Street Address	= y		Barbara Kost	ten	
20 Risho Av	enue, Unit E			enue, Unit E	
City	State	Zip	City	State	Zip
East Provide	ence, R.I.	02915	East Provide		02915
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZI	ED AND ISSUED (*x*	BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR COM			200	Common	No Par Va
This report must be sign	ocd in ink by cithe	r the President, Vice Pre	esident, Secretary, Assi	stant Secretary, Treasu	rer, Receiver or Truste
1 (8 8 1 8	8 IIIII 81881 8188 8 8 11 1881				



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	Kesten	2/27/97
Signature of Officer	7	Date

Barbara Kosten, Secretary
Print or Type Name of Officer

Secretary.

PROFIT CORPORATION **ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantation James R. Langevin, Secretary of State Corporations Division

100 North Main Street

ing Fee: \$50.00	PLEAS	SE TYPE OR PRINT IN BLACK INK.		DECT
3450	RAME OF CORPORATION Camirob Corp.			7995
Sirel nores priori exers frie 20 KISHO A	VE. UNIT E	East Providence	STATE	02914
USINESS PHONE HO (401) 435-4477	S. STATE OF PROOFU RH	ODE ISLAND		6.5xC000€ 0.851

Wholesale printing NAMES AND ADDRESSES OF THE OFFICERS PRESIDENT NAVE MÜE PRESIDEINT NAVE Carol Clarey Barbara Kosten STREET ADDRESS 20 RISHO AVE. STREET ADDRESS 20 RISHO AVE, UNIT E 6. Brow Street. 80 S- Brow Street ZIP CODE ZIP CODE East Providence RI 02914 East Providence 02914 RI SECRETARY NAME TREASURER NAME Barbara Kosten Carol Clarey STREET ADDRESS RISHO AYE., UNIT STREET ADDRESS RISHO AVE. 20 Street Brow ary ZIP CODE ZIP CODE East Providence 02914 RΙ East Providence 02914 AND ADDRESSES OF THE DIRECTORS NAMES DIRECTOR HAKE DIRECTOR NAME Carol Clarey Barbara Kosten 20 RISHO AVE, UNITE STREET ADDRESS 20 RISHO STREET ADDRESS AVE, UNITE S. Brow Street 80=3- Brow-Sticet 71P CODE ZIP COOE East Providence RI 02914 East Providence RΙ 02914 DIRECTOR NAME DIRECTOR NAME STREET ADDRESS STREET ADDRESS STATE אַנגן פול STATE ZIP COOL SHARES 10. AUTHORIZÉD ISSUED **AUTHORIZED SHARES ISSUED SHARES** MUN/BER OF SHARES CLASS / SERTES PAR VALUE NUMBER OF SHARES CLASS / SERIES PAR VALUE 1,000 NO PAR COM 200 Common No Par Valu€

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 th report, including any accompanying schedules and statements, and the all statements contained herein are true and correct.

73anbana Signature of Officer

Barbara Kosten, Secretary

Print or Type Name of Officer

2/22/9/16

File Date:

Check No:

State of Rhode Island and Providence Plantations

Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Prin File Annually - Jan. 1 - March 1

Filing Fee \$50.00 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0003450			. A	nnual Rer	ort for the	1995		(ge)
Name of Companyion	mirob (Dorp.						
Name of Corporation: Business entity organized under the laws of the State of: Rhode Isla For foreign entity, address and telephone number of principal office:			Island	Business Entity is (check one): [X] Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5.1)				
Phone () Address and telephone of the principal office		s entity in Rho	ode			he character of business con e Printing	ducted in Rho	ode Island:
Island (Provide street address - Not P.O. Bo 80 S. Brow Street East Providence, 1		L 4						
Phone: (401) 435-4477								
		THE NAM	IES OF THE	OFFICE	RS ARE	 - 	· <u></u>	
PRESIDENT			STREET ADDRE	ss	<u></u>	CITY/STATE		ZIP CODE
Carol Clarey	<u>80 s</u>	S. Brow	Street,	<u>East</u>	<u>Prov</u> i	dence, R. I.	02 <u>91</u>	4 ZIP CODE
Barbara Kosten	II	11	**	11	11	II.	**	•
SECRETARY			STREET ADDRE	ss		CLIYISTATE		ZIP CODE
Barbara Kosten	11	**	ш	11	**	11	**	
TREASURER		-	STREET ADDRE	SS		CHYSTATE	·	ZIP CODE
Carol Clarey	<u> </u>	11	•••	**	11	"	11	
		THE NAM	ES OF THE	DIRECT	ORS ARI	·		
NAME		-	STREET ADDRE	ss ·		CITY/STATE		ZIP CODE

STREET ADDRESS CITY/STATE ZIP CODE Brow Street, STREET ADDRESS Barbara Kosten NUMBER OF SHARES AUTHORIZED (Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) Number of Shares Class / Series Number of Shares Class / Series 1,000 Common 200 Common

No Par Value

No Par Value

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

EDWARD T. HOGAN, ESQ. 201 MATERMAN AVENUE EAST PROVIDENCE RI 02914



Filing Fee \$50.00 Payable to Secretary of State

PLEASE TYPE or PRINT

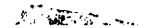
State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040 File Annually
LLC Sept. 1 - Nov. 1
CORP Ian. 1 - March 1

Corporate ID:	0003450		Annual Report for the year.	1994	
Name of Business Entity _			Camirob Corp.		
		i			
Business entity organized under	the laws of the State of Rhode	: Island	Business Entity is (check o		
Federal Taxpayer Identification	Number _		•	eration (See RIGL Chapter 7- ervice Corporation (See RIGL	
For fereign entity, address and t	elephone number of principal offic	·e		ity Company (See RIGL 7-16	•
<u> </u>	·-·		Name, title and mailing ad	dress of centact person to who	um
		. ;	communications may be de		
			Barbara Kost		
Phone 1 2 3		·	. <u>43 Tanglewoo</u> Riverside, F		
	incipal office of bisiness entity in	Dissulta		<u> </u>	
Island (Provide street address):	·	Ківліс	Wealet (amount of this box	and the same of th	- Ohoo la L lonol
<u>80 S. Brow S</u>	treet		Brigh Statement of the Char	acter of business conducted in	i Knode Islano
East Provide	nce, RI 02914		Wholesale <u>F</u>	rinting	
		_	Date of Organization	V15/82 (Ca)	
Priorie (401) 435-4			·	business in Rhode Island (if)	 longien antity)
Produce <u>.</u>					,
					
COLLEGE COLVENTION	TRESIDENT TEST ONE	AMES OF TH	E OFFICERS ARE:	CDSD.:	ziP.C.304is
Carol Clarey	80_S. Bro	w Street	East Providence	e, R.I02914	4
Barbara Kost		8180 CF ADD	0 0	n n 1 · 7,21741	78(0.8
(1/15/2008/06/Recording)	41 44	STREET ADD	u.v. ;	eranaran,	X408
Barbara Kost		 K & T,E & Z	7.00 m	n n	9 14 15 11
Carol Clarey		n	14 11	CHYSTAIL H H	7 econ.
SAV-	THE NA		DIRECTORS ARE:		
Carol Clarey	80 S. Brow	v Street,	East Providence	ansis: ≘, R.I. 02914	Vinciany
NAME		STRUC MOSI		CHANGAS	ZIP CODE
Barbara Kost	en <u></u>	STR: 1 AD 21		CDSIST	- AIRLUS
		318: 3117		11781 441	7111.117
NUMBER OF SHARES AUTI	HORIZED (If Applicable)	:	NUMBER OF SHARES ISSU	EO AND OUTSTANDING	(II Anali abla)
					11 Application 1
NUMBER 1,000			NUMBER 200		
CLASS Common		į	CLASS Commor	1	
SERIES		i		•	
TURILLO			SERIES		
PAR VALUE OR	No Par Value		PAR VALUE OR NO	Par Value	
WITHOUT PAR			WITHOUT PAR	·	
.			\sim 1 1)	1	
Date 🚧 🛴	1994 _	Ву	HANDAYA KON	Hen	
FIL	ED	n b	L' Koston		
TIL.		PRINT CR 151	ara Kosten Haav ordereenkning		
FEB 1	4 1954	Secr	etar <u>y</u> cu⊀sksisa		
B. (1/1/2)	1248				
101+ 31 1/54 DY M	<u> </u>				
<u>DE</u>	<u>SIGNA</u> TED REGI <u>ȘTERED</u>	OR RESIDE	NT AGENT <u>FOR SERVIC</u>	E OF PROCESS:	_

PLEASE NOTE. If the Corporation has changed its registered office annior registered or resident agent, Form 9 or Form LLC 3 must be filled

EDWARD T. HOGAN, ESO. 201 WATERMAN AVENUE E. PROVIDENCE PI 02214



To be filed annually between January 1st and March 1st

Corporate ID	003450	Annual Report for the	year 2955
FIRST: The name	of the corporation is	Caminab Coxe	
SECOND: It is inco	orporated under the laws of	Rhode Island	
THIRD: Character	of business, briefly stated, is	Wholesale Printing	
FOURTH: If foreign	n corporation, address of its pr	rincipal office	
FIFTH: Business ac	ddress in Rhode Island 80	S. Brow Street, East	Providence, RI 0291
SIXTH: Names and	d addresses of its directors and	Officers: Address (including num	(Attach rider if necessary)
Carol Clarey	Director	80 S. Brow Street, Eas	st Providence, RI 02914
Barbara Koste	n Director	80 S. Brow Street, Eas	t Providence, RI 02914
	Director		
Carol Clarey	President	80 S. Brow Street, Eas	t Providence, RI 02914
Barbara Koste	n Vice Preside	ent 80 S. Brow Street, Eas	t Providence, RI 02914
Barbara Koste	n Secretary	80 S. Brow Street, Eas	t Providence, RI 02914
Carol Clarey	Treasurer	80 S. Brow Street, East	Providence, RT 02914
SEVENTH: Number	r of Shares authorized:		Par Value
No of Shares	Class	Series	or statement that shares are without par value
1000	Common	PAID	No Par
		JAN 2 7 1993	
Eighth: Number	of Shares issued:	SEC'Y OF STATE	Par Value or statement that
No of Shares	Class	Series	shares are without par value
200	Common		No Par
Dated January 22	(Camirob Corp. Name of Corporation) By Duban E. H	oten.
(Report must be		sy Jandara 296 Title VICE Presiden	1

PSOP JAN 21	1992
-------------	------

Corporate ID	0003450	Annual Report for t	he year1992
FIRST: The name of	of the corporation is	Caminob Corp	
SECOND: It is inco	rporated under the laws of		
THIRD: Character			g
FOURTH: If foreign			
		3. Tanglewood Dr., Ea	st Providence, R. I. 02915
SIXTH: Names and	addresses of its directors an		(Attach rider if necessary) number, street, zip code)
Carol Clarey	Director	43 Tanglewood Dr	East Prov., RI 02915
Barbara Kosten	Director	43 Tanglewood Dr	East Prov., RI 02915
	Director		
Carol Clarey	President	43 Tanglewood Dr	East Prov., RI 02915
Barbara Kosten	Vice Presic	lent 43 Tanglewood Dr	., East Prov.,RI 02915
Barbara Kosten	Secretary	43 Tanglewood Dr	East Prov., RI 02915
Carol Clarey	Treasurer	43Tanglewood Dr.	East Prov., RI 02915
SEVENTH: Number	of Shares authorized:	PAID	Par Value
No. of Shares	Class	FEB 1 1 s 1992	or statement that shares are without par value
1000	Common	SEC'Y OF STATE	No Par Value
Еіднтн: Number o	of Shares issued:		Par Value or statement that
No of Shares	Class	Series	shares are without par value
200	Common		No Par Value
Dated Jehnary	19 92	(Name of Corporation)	to C.
(Report must be	signed by an officer)	Title Vice Presider	nt

Form 31 1/85

Corporate ID	0003 4 50	Annual Report for t	he year 1991
THIRD: Character			
	n corporation, address of its pr	rincipal officeN./A	
FIFTH: Business a		Barnes Street, Pawtu	icket, Rhode
	d addresses of its directors and	officers:	(Attach rider if necessary) snumber, street, zip code)
Carol Clarey	Director	56 Barnes Street,	Pawtucket, RI 02860
Barbara Kosten	Director	56 Barnes Street,	Pawtucket,RI02860
	Director		
Carol Clarey	President	56 Barnes Street,	Pawtucket, RI 02860
Barbara Kosten	Vice Preside	nt 56 Barnes Street,	Pawtucket, RI 02860
Barbara Kosten	Secretary	.5.6BarnesStreet,	Pawtucket, RI 02860
Carol Clarey	Treasurer	.5.6BarnesStreet.,	Pawtucket, RI. 02860
SEVENTH: Number	er of Shares authorized:		Par Value or statement that shares are without
No of Shares	Class	Series	par value
1000	Common		No Par Value
Еіднтн: Number	of Shares issued:	SECTY OF STATE	Par Value or statement that
No. of Shares	Class	SEO: Series 8 700	shares are without par value
200	Common	OF 87	No Par Value
Dated 2/3		CAMIROB CORP. Name of Corporation)	estu-
(Report must be	e signed by an officer) T	Title Vice President	**************************************

Form 31 1/85

To be filed annually between January 1st and March 1st

Corporate ID00	03450	Annual Report for the	e year 1990
FIRST: The name	of the corporation is Cam	irob Corp.	
SECOND: It is inco	orporated under the laws of	Rhode Island	
THIRD: Character	of business, briefly stated, is	Wholesale Printing	······································
Fourth: If foreig	n corporation, address of its	principal officeN/A	
FIFTH: Business a	ddress in Rhode Island 5.6.	Barnes Street. Pawtu	cket. Rhode
SIXTII: Names an	d addresses of its directors an		(Attach rider if necessary)
Carol Clarey	Director	56 Barnes Street.	Pawtucket, RI 02860
Barbara Kosten	Director	56 Barnes Street.	Pawtucket, RI02860
••••	Director		
Carol Clarey	President	56 Barnes Street.	.Pawtucket, RI 02860
Barbara Kosten	Vice Presid	dent 56 Barnes Street,	Pawtucket, RI 02860
Barbara Kosten	Secretary	56 Barnes Street.	Pawtucket, RI 02860
Carol Clarey	Treasurer	56 Barnes Street.	Pawtucket, RI 02860
SEVENTH: Number	er of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
1000	Common	PAID	No Par Value
Еібнтн: Number	of Shares issued:	FEB 8 1991	Par Value or statement that
No. of Shares	Class	SEC'Y GESTATE	shares are without par value
200	Common		No Par Value
Dated	2/5 1991	CAMIROB CORP. (Name of Corporation) By Barbaru E. Kor	Her_
(Report must be	e signed by an officer)	Title Vice President	

Corporate ID 00034	150	Annual F	Report for the year 1989				
FIRST: The name of t	the corporation is	Canada ala Ca	Caninah Cana				
SECOND: It is incorpo	orated under the laws	of Rhode Islar	nd				
THIRD: Character of	business, briefly state	d, is wholesale	Printing				
FOURTH: If foreign co	orporation, address o	its principal office					
FIFTH: Business addre	ess in Rhode Island	56 Barnes Strect	, Pawtucket, RI 02860				
SIXTH: Names and ac			(Attach rider if necessary) ddress (including number, street, zip code)				
Carol Clarey	Direct	or 56 Barnes	St., Pawtucket, RI 02860				
Barbara Kosten	Direct	or 56 Barnes	St., Pawtucket, RI 02860				
	Direct	or					
Carol Clarey	Presid	ent 56 Barnes	St., Pawtucket, RI 02860				
Barbara Kosten	Vice F	resident 56 Barnes	St., Pawtucket, RI 02860				
Barbara Kosten	Secret	ary 56 Barnes	St., Pawtucket, RI 02860				
Carol Clarey	Treasu	rer .56Barnes.	St., Pawtucket, RI 02860				
SEVENTH: Number of	Shares authorized:	PAID Series	Par Value or statement that shares are without par value				
1000	Common	MAR 7 1509	No Par				
	Silares issued.	C'Y OF STA	Par Value or statement that shares are without				
No of Shares	Class	Series	par value				
200 Dated March 1	Common 19 89	Camirob Co (Name of Corporation)	No Par orp.				
(Report must be sign	ned by an officer)	Title Presy	lent ()				

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

FIRST: The name of the corporation is	
THIRD: Character of business, briefly stated, is Wholesale Printing	
***************************************	•••••
FOURTH: If foreign corporation, address of its principal office	*******
FIFTH: Business address in Rhode Island 56 Barnes Street, Pawtucket, RI 02860	
SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary Name Office Address (including number, street, zip code)	ssary)
arol Clarey Director 56 Barnes St. Pawtucket, RI 02860	•••••
arbara Kosten Director 56 Barnes St. Pawtucket, RI 02860	•••••
Carol Clarey President 56 Barnes St. Pawtucket, RI 02860)
Nice President 56 Barnes St. Pawtucket, RI 02860)
Sarbara Kosten Secretary 56 Barnes St. Pawtucket, RI 02860)
Carol Clarey Transpare 56 Barnes St. Pawtucket RI 02860	
SEVENTH: Number of Shares authorized: Par Value	
or statement that shares are without	
par value	
PAID	
No. of Shares Class Series or statement that shares are without par value	
No. of Shares Class Class Common Common Common Par Value or statement that shares are without par value No. of Shares Class Common No. of Shares Class Common	
ed January 27 19 88 Camirob Corp. (Name of Corporation) By Durbona Kester	••••
(Report must be signed by an officer) Title Vice President	*******

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

JAN - 8 1987

Corporate ID 3450		Annual Report for the	e year 1987
First: The name of the	ne corporation isCamir	ob Corp.	
SECOND: It is incorpo	rated under the laws of	Rhode Island	
THIRD: Character of b	ousiness, briefly stated, is	Wholesaleprinting	······································
		ncipal office	
		Barnes Street, Pawtu	·
SIXTH: Names and ad	dresses of its directors and o		(Attach rider if necessary)
Carol Clarey	Director	56 Barnes St. Paw	tucket, RI 02860
Barbara Kosten	Director	56 Barnes St. Paw	tucket. RI 02860
	Director		
Carol Clarey	President	56 Barnes St. Paw	tucket, RI 02860
Barbara Kosten	Vice President	56 Barnes St. Paw	tucket,RI0.2860
Carol Clarey			tucket, RI 02860
Barbara Kosten	Treasurer	56 Barnes St. Paw	tucket, RI
SEVENTH: Number of	Shares authorized:		Par Value
No. of Shares	Class	Series	or statement that shares are without par value
1000	Common		No Par
EIGHTH: Number of S	<u>ድርስ ብ ካ</u>	1987 Lep	Par Value or statement that shares are without
No. of Shares 200	· -		par value
DatedFebruary 3 (Report must be signs	Ву	Camirob Corp. The of Corporation The Mana E. A.	No Par



State of Rhode Island and Frovidence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID 3450)	Annual Report for	the year 1986
First: The nam	e of the corporation is Cami	rob Corp.	
	corporated under the laws of		
THIRD: Characte	er of business, briefly stated, is	wholesale printing	1 9
FOURTH: If fore	ign corporation, address of its pri	ncipal office	
FIFTH: Business	address in Rhode Island 54	Barnes St Palituc	det, RI. 02860
SIXTH: Names a	nd addresses of its directors and o		(Attach rider if necessary)
Carol Clare	y Director	56 Barnes St. Pa	wtucket, RI 02860
Barbara Kos	ten Director	56 Barnes St., P	awtucket, RI 02860
	Director		
CarolClare	yPresident	56 Barnes St., P	awtucket. RI 02860
Barbara Kos	ten Vice Presiden		awtucket, RI 02860
Carol Claro	Y Secretary	56 Barnes St., P	awtucket, RI 02860
Barbara Kos	ten Treasurer	.56 Barnes St., P	awtucket, RI 02860
SEVENTH: Numb	per of Shares authorized:		Par Value
No. of Shares	Class	Series	or statement that shares are without par value
1000	Common		No Par
EIGHTH: Number No. of Shares	r of Shares issued: 4/66 Class Common PAID	Series	Par Value or statement that shares are without par value No Par
Dated February Fisc'd. & Figure (Report must)	ilad APR 19 1986 By	Camirob Corp. Jame of Corporation) Baihana G tle Vica Prender	Kosten

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OF	FICE OF THE SECI	RETARY OF STA	TE		
	A	nnual Report for the	year .	1989	
First: The nam	e of the corporation is	Camirob Corp.			
	(Corporate II	o # 3450)),			
SECOND: It is in	corporated under the	laws of Rhode Is	aland		
THIRD: Characte	er of business, briefly s	tated, is Printing	9		
Fourth: If for	eign corporation, addi	ress of its principal	office		
FIFTH: Business	s address in Rhode Isl	and (blank reports	will be ma	iled to this	
address) 1023 Wate	rman Avenue, East	Providence, RI	02914		
SIXTH: Names a	and addresses of its di	rectors and officers	3:		
(Address	ses must include street and	number, if any)			
Nates	Office	,	Address		
Carol Clarey	Director	1023 Waterman	Ave., E.	Prov., RI	0291
Barbara Kosten	Director	1023 Waterman	Ave., E.	Prov., RI	0291
	Director				
_ Carol Clarey	President	1023 Waterman	Ave., E.	Prov., RI	0291
Barbara Kosten	Vice Presider	nt 1023 Waterman	Ave., E.	Prov., RI	0291
Carol Clarey	Secretary	1023 Waterman	Ave., E.	Prov., RI	0291
Barbara Kosten (If additional space is ne	Treasurer eded, attach rider)	1023 Waterman	Ave., E.	Prov., RI	0291
SEVENTH: Numb	per of Shares authoriz	zed:		Value nent that	
No. of Shures	Class	Series	shares ar par v	e without value	
1000	Соттоп		No F	'ar	
EiGHTH: Numbe	er of Shares issued:		or staten	Value nent that e without	
No. of Shares	Ciass	Séries	ent s		,
200	Common		No F	ar	
Dated: January	9, 01716/85	Camirob Corp (Nume of Corporation,	. 7 1		
JAN 2 4 1985	KI	, Burbara E.	11624		
1 na]	PAID Ti	tle Treasurer	<u> </u>		
UNIL	AANRI CHEI 035	(Report must be si	gned by an o	fficer)	

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

	A	nnual Report for th	e year 198 4	
FIRST: The name of	the corporation is	Camirob Corr) ,	
,	(Corporate)	ID #(3450)		
SECOND: It is incor	porated under the	laws of Rhode 1	sland	
THIRD: Character of	f business, briefly st	tated, is Printir	ng ,	
FOURTH: If foreign	corporation, addr	ess of its principal	office	
FIFTH: Business ad	dress in Rhode Isla	and (blank reports	s will be mailed to this	
address) 1023 Waterman	Ave., East Pro	ovidence, RI (02914	
SIXTH: Names and	addresses of its di	rectors and officer	rs:	
(Addresses n	nust include street and	number, if any)		
Name	Office		Address	
Carol Clarey	Director	1023 Watermar	Ave., E. Prov., RI	02914
Barbara Kosten	Director	1023 Watermar	n Ave., E. Prov., RI	02914
	Director			
Carol Clarey	President	1023 Waterman	n Ave., E. Prov., RI	0291.4
Barbara Kosten	Vice Presiden	it 1023 Waterman	Aye., E. Prov., RI	02914
Carol Clarey	Secretary	1023 Watermar	n Ave., E. Prov., RI	02914
Barbara Kosten (If additional space is needed	Treasurer I, attach rider)	1023 Watermar	n Ave., E. Prov., RI	02914
SEVENTH: Number	of Shares authoriz	ed:	Par Vulue or slatement that	
No. of Shares	Class	Series	shares are without par value	
1000	Common		No Par	
Eighth: Number of	f Shares issued:		Par Value	
No. of Shares	Class	Scries	or statement that shares are without par value	
200	Common		No Par	
Dated: January 9	01/16/8 5	Camirob Cor		
2000	8 8	(Name of Corporation of Burbara 2.		
DEC 31,1984	P _A	_	•	
i wit	ָר <u></u>	(Report must be signed by an officer)		
	CHER 0354	, , ,	5 12 2, 2 555.)	
If the corporation has	changed its register	ed office and/or its	registered agent,	

Form #9 must be filed. Please contact Corporation Division for information, 277-3040

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1983 FIRST: The name of the corporation is CAMIROB CORP. SECOND: It is incorporated under the laws of Rhode Island . THIRD: Character of business, briefly stated, is FOURTH: If foreign corporation, address of its principal office n/a FIFTH: Business address in Rhode Island (blank reports will be mailed to this 339 Angell Street, Providence, Rl address) Sixth: Names and addresses of its directors and officers: (Addresses must include street and number, if any) Name Office Address Carol Cleary 1023 Waterman St., East Prov., RI Director Barbara Kosten 1023 Waterman St., East Prov., RI Director Director Carol Cleary President same as above Barbara Kosten Vice President same as above Carol Cleary same as above Secretary Barbara Kosten same as above Treasurer James D. Levitt Assistant Secretary 14 Alfred Stone Rd., Prov. RI 02906 Par Value or statement that shares are without par value SEVENTH: Number of Shares authorized: No. of Shares Class Series 1,000 common no par value EIGHTH: Number of Shares issued: Par Value or statement that shares are without par value No. of Shares Series 11 14 83 Dated: November 3, 1983 CAMIROB CORP. 9088A of Corporation) Ву Title Assistant Secretary

If the corporation has changed its registered office and/or its registered agent, Form must be filed. Please contact Corporation Division for information. 277-3040

(Report must be signed by an officer)