



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 3450		2. Name of Corporation Camirob Corp.		
3. Street Address Principal Business Office 30 RISHO AVENUE		City EAST PROVIDENCE	State RI	Zip 02914
4. Business Phone No. 4014354477		5. State of Incorporation RHODE ISLAND		6. SIC Code 851
7. Brief Description of the Character of Business Conducted in Rhode Island WHOLESALE PRINTING, THERMOGRAPHY, RUBBER STAMPS, AND LABELS.				
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Carol L. Clarey		Vice President Name Michael B. Clarey		
Street Address 30 Risho Avenue		Street Address 30 Risho Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI
Secretary Name Robert M. Clarey		Treasurer Name Carol L. Clarey		
Street Address 30 Risho Avenue		Street Address 30 Risho Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Carol L. Clarey		Director Name Michael B. Clarey		
Street Address 30 Risho Avenue		Street Address 30 Risho Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI
Director Name Robert M. Clarey		Director Name None		
Street Address 30 Risho Avenue		Street Address .		
City East Providence	State RI	Zip 02914	City .	State .
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
1,000 COMM NO PAR VALUE			200	Common
				No Par

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



3 4 5 0

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.

Carol L. Clarey 2/8/05
Signature of Officer Date
Carol L. Clarey
Print or Type Name of Officer
President
Title of Officer

3450 DBC 01/17/05 01:49:44 PM
File Date 2-10-05
Check No. 7320
By: *MB*
FOR SECRETARY OF STATE USE ONLY



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
401.222.3940

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

3450

2. Name of Corporation

Camirob Corp.

3. Street Address Principal Business Office

30 Risho Avenue

City

East Providence

State

RI

Zip

02914

4. Business Phone No.

401-435-4477

5. State of Incorporation

Rhode Island

6. SIC Code

851

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

WHOLESALE PRINTING, THERMOGRAPHY, RUBBER STAMPS, AND LABELS.

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

President Name

Carol L. Clarey

Vice President Name

Michael B. Clarey

Street Address

30 Risho Avenue

Street Address

30 Risho Avenue

City

East Providence

State

RI

Zip

02914

City

East Providence

State

RI

Zip

02914

Secretary Name

Robert M. Clarey

Treasurer Name

Carol L. Clarey

Street Address

30 Risho Avenue

Street Address

30 Risho Avenue

City

East Providence

State

RI

Zip

02914

City

East Providence

State

RI

Zip

02914

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

Director Name

Carol L. Clarey

Director Name

Michael B. Clarey

Street Address

30 Risho Avenue

Street Address

30 Risho Avenue

City

East Providence

State

RI

Zip

02914

City

East Providence

State

RI

Zip

02914

Director Name

Robert M. Clarey

Director Name

None

Street Address

30 Risho Avenue

Street Address

City

East Providence

State

RI

Zip

02914

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

Common

No Par

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



3 4 5 0

File Date 2-23-04
Check No 6148
By EC
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.

Carol L. Clarey
Signature of Officer

2/23/04
Date

Carol L. Clarey
Print or Type Name of Officer

President
Title of Officer



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1331
401-222-3041



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

3450

Camirob Corp.

3. Street Address Principal Business Office

30 Risho Avenue

City

State

Zip

East Providence RI

02914

4. Business Phone No.

401-435-4477

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0851

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

Wholesale Printing-Thermography-Rubber stamps and labels

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

President Name

Carol Clarey

Vice President Name

Michael B. Clarey

Street Address

30 Risho Avenue, Unit B

Street Address

30 Risho Avenue, Unit B

City

State

Zip

East Providence RI 02914

City

State

Zip

East Providence RI 02914

Secretary Name

Robert M. Clarey

Treasurer Name

Carol L. Clarey

Street Address

30 Risho Avenue, Unit B

Street Address

30 Risho Avenue, Unit B

City

State

Zip

East Providence RI 02914

City

State

Zip

East Providence RI 02914

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

Director Name

Carol L. Clarey

Director Name

Michael B. Clarey

Street Address

30 Risho Avenue, Unit B

Street Address

30 Risho Avenue, Unit B

City

State

Zip

East Providence RI 02914

City

State

Zip

East Providence RI 02914

Director Name

Robert M. Clarey

Director Name

None

Street Address

30 Risho Avenue, Unit B

Street Address

City

State

Zip

East Providence RI 02914

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

Common

No Par

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



* 3 4 5 0 *

File Date: 2-21-03

Check No.: 9931

By: 10P

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.

Carol L. Clarey

Signature of Officer

2/20/03

Date

Carol L. Clarey, President

Print or Type Name of Officer

President



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 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 3450 2. Name of Corporation Camirob Corp.

3. Street Address Principal Business Office

20 Risho Avenue

4. Business Phone No.

401-435-4477

5. State of Incorporation

RHODE ISLAND

City

East Providence

State

RI

Zip

02914

6. SIC Code

851

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

wholesale printing - thermography - rubber stamps and labels

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

President Name

Carol Clarey

Street Address

20 Risho Avenue, Unit E

City East Providence State RI Zip 02914

Secretary Name

Robert M. Clarey

Street Address

20 Risho Avenue, Unit E

City East Providence State RI Zip 02914

Vice President Name

Michael B. Clarey

Street Address

20 Risho Avenue, Unit E

City East Providence State RI Zip 02914

Treasurer Name

Carol L. Clarey

Street Address

20 Risho Avenue, Unit E

City East Providence State RI Zip 02914

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

Director Name

Carol L. Clarey

Street Address

20 Risho Avenue, Unit E

City East Providence State RI Zip 02914

Director Name

Robert M. Clarey

Street Address

20 Risho Avenue, Unit E

City East Providence State RI Zip 02914

Director Name

Michael B. Clarey

Street Address

20 Risho Avenue, Unit E

City East Providence State RI Zip 02914

Director Name

NONE

Street Address

City _____ State _____ Zip _____

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>1,000 COMM NO PAR VALUE</u>		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>200</u>	<u>common</u>	<u>no par value</u>

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



* 3 4 5 0 *

File Date: 3-12-02

Check No.: 2817

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

CAROL L. CLAREY

Print or Type Name of Officer

President

Date

3/1/02



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

Corporations Division
100 North Main Street, Providence, RI 02903-1331
401-222-3044



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. **3450** 2. Name of Corporation **Cabirob Corp.**

3. Street Address Principal Business Office

20 Risho Avenue, Unit E

City

East Providence

State

RI

Zip

02914

4. Business Phone No.

(401) 435-4477

5. State of Incorporation
RHODE ISLAND

6. SIC Code
834

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

Wholesale printing - thermography - rubber stamps - labels

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

President Name

Carol L. Clarey

Vice President Name

Michael B. Clarey

Street Address

20 Risho Avenue, Unit E

Street Address

20 Risho Avenue, Unit E

City State Zip
East Providence RI 02914

City State Zip
East Providence RI 02914

Secretary Name

Robert M. Clarey

Treasurer Name

Carol L. Clarey

Street Address

20 Risho Avenue, Unit E

Street Address

20 Risho Avenue, Unit E

City State Zip
East Providence RI 02914

City State Zip
East Providence RI 02914

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

Director Name

Carol L. Clarey

Director Name

Michael B. Clarey

Street Address

20 Risho Avenue, Unit E

Street Address

20 Risho Avenue, Unit E

City State Zip
East Providence RI 02914

City State Zip
East Providence RI 02914

Director Name

Robert M. Clarey

Director Name

none

Street Address

20 Risho Avenue, Unit E

Street Address

City State Zip
East Providence RI 02914

City State Zip

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

AUTHORIZED SHARES

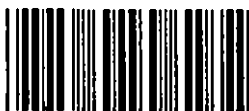
Number of Shares	Class/Series	Par Value
1,000	COMM NO	PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par 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



* 3 4 5 0 *

FILED

File Date: JAN 30 2001

Check No.: By 1013539

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.

Carol L. Clarey 1/27/01
Signature of Officer Date

Carol L. Clarey
Print or Type Name of Officer

President



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 02903-13
401-222-30

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **3450** 2. Name of Corporation **Camirob Corp.**

3. Street Address Principal Business Office

20 Risho Avenue, Unit E

City

State

Zip

East Providence

RI

02914

4. Business Phone No.

5. State of Incorporation

6. SIC Code

(401) 435-4477

RHODE ISLAND

851

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

Wholesale printing - thermography - rubber stamps - labels

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

President Name

Carol L. Clarey

Vice President Name

Michael B. Clarey

Street Address

20 Risho Avenue, Unit E

Street Address

20 Risho Avenue, Unit E

City

State

Zip

City

State

Zip

East Providence RI

02914

East Providence RI

02914

Secretary Name

Robert M. Clarey

Treasurer Name

Carol E. Clarey

Street Address

20 Risho Avenue, Unit E

Street Address

20 Risho Avenue, Unit E

City

State

Zip

City

State

Zip

East Providence RI

02914

East Providence RI

02914

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

Director Name

Carol L. Clarey

Director Name

Michael B. Clarey

Street Address

20 Risho Avenue, Unit E

Street Address

20 Risho Avenue, Unit E

City

State

Zip

City

State

Zip

East Providence RI

02914

East Providence RI

02914

Director Name

Robert M. Clarey

Director Name

none

Street Address

20 Risho Avenue, Unit E

Street Address

City

State

Zip

City

State

Zip

East Providence RI

02914

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR COM

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

ISSUED SHARES

Number of Shares

Class/Series

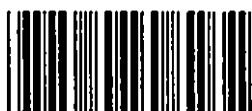
Par Value

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



* 3 4 5 0 *

File Date: 2/7/00

Check No.: 1071

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

Carol L. Clarey

Print or Type Name of Officer

President

2/4/00

Date



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

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 3450		2. Name of Corporation Camlrob Corp.	
3. Street Address Principal Business Office 20 Risho Avenue, Unit E		City East Providence	State RI
4. Business Phone No. (401) 435-4477		5. State of Incorporation RHODE ISLAND	
6. SIC Code 851		7. Brief Description of the Character of Business Conducted in Rhode Island Wholesale printing - thermography	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Carol L. Clarey		Vice President Name Michael B. Clarey	
Street Address 20 Risho Avenue, Unit E		Street Address 20 Risho Avenue, Unit E	
City East Providence	State RI	City East Providence	State RI
Zip 02915		Zip 02915	
Secretary Name Robert M. Clarey		Treasurer Name Carol L. Clarey	
Street Address 20 Risho Avenue, Unit E		Street Address 20 Risho Avenue, Unit E	
City East Providence	State RI	City East Providence	State RI
Zip 02915		Zip 02915	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Carol L. Clarey		Director Name Michael B. Clarey	
Street Address 20 Risho Avenue, Unit E		Street Address 20 Risho Avenue, Unit E	
City East Providence	State RI	City East Providence	State RI
Zip 02915		Zip 02915	
Director Name Robert M. Clarey		Director Name none	
Street Address 20 Risho Avenue, Unit E		Street Address none	
City East Providence	State RI	City none	State none
Zip 02915		Zip none	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
1,000 NO PAR COM			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par 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 Trust



File Date: **Feb 12, 99**

Check No.: **10337**

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] 2/10/99
Signature of Officer Date

Carol L. Clarey
Print or Type Name of Officer

President



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 02903-13
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. **3450** 2. Name of Corporation **Camirob Corp.**
3. Street Address Principal Business Office
20 Risho Avenue, Unit E City **East Providence, RI** State **RI** Zip **02915**
4. Business Phone No. **(401) 435-4477** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0851**

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

Wholesale printing

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

President Name Carol Clarey Street Address 20 Risho Avenue, Unit E City East Providence, R.I. State RI Zip 02915	Vice President Name Barbara Kosten Street Address 20 Risho Avenue, Unit E City East Providence, R.I. State RI Zip 02915
---	--

Secretary Name Barbara Kosten Street Address 20 Risho Ave., Unit E City East Providence, R.I. State RI Zip 02915	Treasurer Name Carol Clarey Street Address 20 Risho Ave., Unit E City East Providence, R.I. State RI Zip 02915
---	---

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

Director Name Carol Clarey Street Address 20 Risho Ave., Unit E City East Providence, R.I. State RI Zip 02915	Director Name Barbara Kosten Street Address 20 Risho Ave., Unit E City East Providence, R.I. State RI Zip 02915
--	--

Director Name Barbara Kosten Street Address 20 Risho Ave., Unit E City East Providence, R.I. State RI Zip 02915	Director Name Carol Clarey Street Address 20 Risho Ave., Unit E City East Providence, R.I. State RI Zip 02915
--	--

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 NO PAR COM		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	Common	No Par Va.

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



* 3 4 5 0 *

File Date: **2-18-98**
Check No.: **8122**
By: **ICP**

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: **Barbara Kosten** Date: **2/12/98**
Print or Type Name of Officer: **Barbara Kosten, Secretary**
Secretary



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 02903-13.
401-277-30

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. 3450		2. Name of Corporation Camirob Corp.	
3. Street Address Principal Business Office 20 Risho Avenue, Unit E		City East Providence	State R.I.
4. Business Phone No. (401) 435-4477		5. State of Incorporation RHODE ISLAND	
6. SIC Code 0851		7. Brief Description of the Character of Business Conducted in Rhode Island Wholesale printing	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)			
President Name Carol Clarey		Vice President Name Barbara Kosten	
Street Address 20 Risho Avenue, Unit E		Street Address 20 Risho Avenue, Unit E	
City East Providence, R.I.	State R.I.	City East Providence, R.I.	State R.I.
Zip 02915		Zip 02915	
Secretary Name Barbara Kosten		Treasurer Name Carol Clarey	
Street Address 20 Risho Avenue, Unit E		Street Address 20 Risho Avenue, Unit E	
City East Providence, R.I.	State R.I.	City East Providence, R.I.	State R.I.
Zip 02915		Zip 02915	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)			
Director Name Carol Clarey		Director Name Barbara Kosten	
Street Address 20 Risho Avenue, Unit E		Street Address 20 Risho Avenue, Unit E	
City East Providence, R.I.	State R.I.	City East Providence, R.I.	State R.I.
Zip 02915		Zip 02915	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
1,000 NO PAR COM		200	Common
	Par Value		Par Value
			No Par Va

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



File Date: 3/3/97

Check No.: 6871

By: (CS)

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: Barbara Kosten Date: 2/27/97

Print or Type Name of Officer: Barbara Kosten, Secretary

Secretary

PROFIT CORPORATION ANNUAL REPORT

1996



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) 277-304

Filing Period: January 1-March 1

Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

DEC 1 8 1995

1. CORPORATE ID NO 3450		2. NAME OF CORPORATION Camirob Corp.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 20 RISHO AVE, UNIT E 80 S. Brow Street		CITY East Providence	STATE RI
		ZIP CODE 02914	
4. BUSINESS PHONE NO (401) 435-4477		5. STATE OF INCORPORATION RHODE ISLAND	
		6. SIC CODE 0851	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Wholesale printing			
8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME Carol Clarey		VICE PRESIDENT NAME Barbara Kosten	
STREET ADDRESS 20 RISHO AVE, UNIT E 80 S. Brow Street		STREET ADDRESS 20 RISHO AVE, UNIT E 80 S. Brow Street	
CITY East Providence	STATE RI	CITY East Providence	STATE RI
ZIP CODE 02914		ZIP CODE 02914	
SECRETARY NAME Barbara Kosten		TREASURER NAME Carol Clarey	
STREET ADDRESS 20 RISHO AVE, UNIT E 80 S. Brow Street		STREET ADDRESS 20 RISHO AVE, UNIT E 80 S. Brow Street	
CITY East Providence	STATE RI	CITY East Providence	STATE RI
ZIP CODE 02914		ZIP CODE 02914	
9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME Carol Clarey		DIRECTOR NAME Barbara Kosten	
STREET ADDRESS 20 RISHO AVE, UNIT E 80 S. Brow Street		STREET ADDRESS 20 RISHO AVE, UNIT E 80 S. Brow Street	
CITY East Providence	STATE RI	CITY East Providence	STATE RI
ZIP CODE 02914		ZIP CODE 02914	
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	NUMBER OF SHARES	CLASS / SERIES
1,000 NO PAR COM		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 the report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Barbara Kosten

Signature of Officer

Barbara Kosten, Secretary

Print or Type Name of Officer

File Date:

2/22/96

Check No:

6073

By:

(as) / y

2/22/96 (as)

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 Print
File Annually - Jan. 1 - March 1
Filing Fee \$50.00
Make Checks Payable to: Secretary of State

CR. 2045
(22)

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

Corporate ID: 0003450

Annual Report for the year: 1995

Name of Corporation:

Camirob Corp.

Business entity organized under the laws of the State of: Rhode Island

For foreign entity, address and telephone number of principal office:

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone ()

Brief statement of the character of business conducted in Rhode Island:
Wholesale Printing

Address and telephone of the principal office of business entity in Rhode

Island (Provide street address - Not P.O. Box):

80 S. Brow Street

East Providence, RI 02914

Phone: (401) 435-4477

THE NAMES OF THE OFFICERS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	Carol Clarey	80 S. Brow Street, East Providence, R. I.		02914
VICE PRESIDENT	Barbara Kosten	" " " " "	" "	" "
SECRETARY	Barbara Kosten	" " " " "	" "	" "
TREASURER	Carol Clarey	" " " " "	" "	" "

THE NAMES OF THE DIRECTORS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
	Carol Clarey	80 S. Brow Street, East Providence, R. I.		02914
	Barbara Kosten	" " " " "	" "	" "

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class / Series
1,000	Common
No Par Value	

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
200	Common
No Par Value	

Date Jan 23, 1995

By: Barbara Kosten
Barbara Kosten
Secretary

Form 31 1995

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 WATERMAN AVENUE
EAST PROVIDENCE RI 02914

DEC 21 1994

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: Jan. 1 - March 1

Corporate ID: 0003450 Annual Report for the year: 1994

Name of Business Entity Caminob Corp.

Business entity organized under the laws of the State of Rhode Island

Federal Taxpayer Identification Number [REDACTED]

For foreign entity, address and telephone number of principal office

Phone (401) 435-4477

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

80 S. Brow Street

East Providence, RI 02914

Phone (401) 435-4477

Business Entity is (check one)

- ☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed

Barbara Kosten

43 Tanglewood Dr.

Riverside, R. I. 02915

Brief statement of the character of business conducted in Rhode Island

Wholesale Printing

Date of Organization 9/15/82 *(Ca)*

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Carol Clarey</u>	<u>80 S. Brow Street, East Providence, R.I.</u>	<u>02914</u>	
<u>Barbara Kosten</u>	" " " "	" "	
<u>Barbara Kosten</u>	" " " "	" "	
<u>Carol Clarey</u>	" " " "	" "	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Carol Clarey</u>	<u>80 S. Brow Street, East Providence, R.I.</u>	<u>02914</u>	
<u>Barbara Kosten</u>	" " " "	" "	

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 1,000

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR No Par Value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 200

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR No Par Value

Date 2/7 19 94

FILED

FEB 14 1994

By Ca 1298

By Barbara Kosten

Barbara Kosten
PRINTED NAME OF OFFICER SIGNING

Secretary
TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC-3 must be filed.

EDWARD T. HOGAN, ESQ.
301 WATERMAN AVENUE
E. PROVIDENCE RI 02914

Filing Fee \$50.00

32915 JAN 22 1993

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0003450 Annual Report for the year 1992

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 Wholesale Printing

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 80 S. Brow Street, East Providence, RI 02914

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name Office Address (including number, street, zip code)

Carol Clarey Director 80 S. Brow Street, East Providence, RI 02914

Barbara Kosten Director 80 S. Brow Street, East Providence, RI 02914

Director

Carol Clarey President 80 S. Brow Street, East Providence, RI 02914

Barbara Kosten Vice President 80 S. Brow Street, East Providence, RI 02914

Barbara Kosten Secretary 80 S. Brow Street, East Providence, RI 02914

Carol Clarey Treasurer 80 S. Brow Street, East Providence, RI 02914

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

1000

Common

PAID

No Par

JAN 27 1993

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

200

Common

No Par

Dated January 22 19 93

Camirob Corp.

(Name of Corporation)

By

Barbara E. Kosten

Title

Vice President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

1953 JAN 21 1992

Corporate ID 0003450 Annual Report for the year 1992

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 wholesale printing

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 43 Tanglewood Dr., East Providence, R. I.
02915

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including 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 President	43 Tanglewood Dr., East Prov., RI 02915
Barbara Kosten	Secretary	43 Tanglewood Dr., East Prov., RI 02915
Carol Clarey	Treasurer	43 Tanglewood Dr., East Prov., RI 02915

SEVENTH: Number of Shares authorized:

No. of Shares	Class
1000	Common

PAID
FEB 11 1992
SECY OF STATE

Par Value
or statement that
shares are without
par value

No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class
200	Common

Par Value
or statement that
shares are without
par value

No Par Value

Dated February 10 19 92

CAMIROB CORP.
(Name of Corporation)

By Barbara Kosten

Title Vice President

(Report must be signed by an officer)

Filing Fee \$50.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

55

Corporate ID 0003450 Annual Report for the year 1991

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 Wholesale Printing

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 56 Barnes Street, Pawtucket, Rhode Island 02860

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Carol Clarey	Director	56 Barnes Street, Pawtucket, RI 02860
Barbara Kosten	Director	56 Barnes Street, Pawtucket, RI 02860
	Director	
Carol Clarey	President	56 Barnes Street, Pawtucket, RI 02860
Barbara Kosten	Vice President	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 of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		No Par Value

Dated 2/5 19 91

CAMIROB CORP.
(Name of Corporation)

By

Barbara E. Kosten

Title Vice President

(Report must be signed by an officer)

Filing Fee \$50.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

1990

Corporate ID 0003450 Annual Report for the year 1990

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 Wholesale Printing

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 56 Barnes Street, Pawtucket, Rhode Island 02860

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Carol Clarey	Director	56 Barnes Street, Pawtucket, RI 02860
Barbara Kosten	Director	56 Barnes Street, Pawtucket, RI 02860
	Director	
Carol Clarey	President	56 Barnes Street, Pawtucket, RI 02860
Barbara Kosten	Vice President	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 of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		No Par Value

PAID

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		No Par Value

FEB 8 1991
SEC'Y OF STATE

Dated 2/5 1991

CAMIROB CORP.
(Name of Corporation)

By Barbara E. Kosten

Title Vice President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0003450 Annual Report for the year 1989

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 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)
Carol Clarey	Director	56 Barnes St., Pawtucket, RI 02860
Barbara Kosten	Director	56 Barnes St., Pawtucket, RI 02860
	Director	
Carol Clarey	President	56 Barnes St., Pawtucket, RI 02860
Barbara Kosten	Vice President	56 Barnes St., Pawtucket, RI 02860
Barbara Kosten	Secretary	56 Barnes St., Pawtucket, RI 02860
Carol Clarey	Treasurer	56 Barnes St., Pawtucket, RI 02860

SEVENTH: Number of Shares authorized:

No. of Shares	Class	PAID	Series	Par Value or statement that shares are without par value
1000	Common	MAR 7 1989		No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	SECY OF ST	Series	Par Value or statement that shares are without par value
200	Common			No Par

Dated March 1 19 89

Camirob Corp.
(Name of Corporation)

By Carol D. Clarey

Title President

(Report must be signed by an officer)

State of Rhode Island and Providence PlantationsCORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903Corporate ID 3450 Annual Report for the year 1988FIRST: The name of the corporation is Camirob Corp.SECOND: It is incorporated under the laws of Rhode IslandTHIRD: 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)
Carol Clarey	Director	56 Barnes St. Pawtucket, RI 02860
Barbara Kosten	Director	56 Barnes St. Pawtucket, RI 02860
	Director	
Carol Clarey	President	56 Barnes St. Pawtucket, RI 02860
Barbara Kosten	Vice President	56 Barnes St. Pawtucket, RI 02860
Barbara Kosten	Secretary	56 Barnes St. Pawtucket, RI 02860
Carol Clarey	Treasurer	56 Barnes St. Pawtucket, RI 02860

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		No Par

PAID

JAN 28 1988

SECY OF STATE

JAN 28 1988
SMDated January 27 19 88Camirob Corp.

(Name of Corporation)

By

Barbara Kosten

Title

Vice President

(Report must be signed by an officer)

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 year 1987

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 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)
Carol Clarey	Director	56 Barnes St. Pawtucket, RI 02860
Barbara Kosten	Director	56 Barnes St. Pawtucket, RI 02860
	Director	
Carol Clarey	President	56 Barnes St. Pawtucket, RI 02860
Barbara Kosten	Vice President	56 Barnes St. Pawtucket, RI 02860
Carol Clarey	Secretary	56 Barnes St. Pawtucket, RI 02860
Barbara Kosten	Treasurer	56 Barnes St. Pawtucket, RI 02860

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		No Par

PAID

MAR 13 1987

FEB 05 1987

SECY OF STATE

Dated February 3 19 87

Camirob Corp.

(Name of Corporation)

By

Barbara E. Kosten

Title

Vice President

(Report must be signed by an officer)

Filing Fee \$15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 3450

Annual Report for the year 1986

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 Wholesale printing

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 56 Barnes St Pawtucket, RI 02860

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Carol Clarey

Director

56 Barnes St. Pawtucket, RI 02860

Barbara Kosten

Director

56 Barnes St., Pawtucket, RI 02860

Director

Carol Clarey

President

56 Barnes St., Pawtucket, RI 02860

Barbara Kosten

Vice President

56 Barnes St., Pawtucket, RI 02860

Carol Clarey

Secretary

56 Barnes St., Pawtucket, RI 02860

Barbara Kosten

Treasurer

56 Barnes St., Pawtucket, RI 02860

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

1000

Common

No Par

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

200

Common

No Par

Dated February 28 19 86

Camirob Corp.

(Name of Corporation)

Rec'd. & Filed APR 19 1986

(Report must be signed by an officer)

By

Barbara E. Kosten

Title

Vice President

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

Annual Report for the year 1985

FIRST: The name of the corporation is Camirob Corp.

(Corporate ID #3450)

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Printing

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 1023 Waterman Avenue, East Providence, RI 02914

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Carol Clarey	Director	1023 Waterman Ave., E. Prov., RI 02914
Barbara Kosten	Director	1023 Waterman Ave., E. Prov., RI 02914
	Director	
Carol Clarey	President	1023 Waterman Ave., E. Prov., RI 02914
Barbara Kosten	Vice President	1023 Waterman Ave., E. Prov., RI 02914
Carol Clarey	Secretary	1023 Waterman Ave., E. Prov., RI 02914
Barbara Kosten	Treasurer	1023 Waterman Ave., E. Prov., RI 02914

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		No Par

Dated: January 9, 1985

JAN 24 1985

LM2

Camirob Corp.

(Name of Corporation)

By

Barbara E. Kosten

Title

Treasurer

(Report must be signed by an officer)

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

Annual Report for the year 1984

FIRST: The name of the corporation is Camirob Corp.

(Corporate ID #3450)

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Printing

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 1023 Waterman Ave., East Providence, RI 02914

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Carol Clarey	Director	1023 Waterman Ave., E. Prov., RI 02914
Barbara Kosten	Director	1023 Waterman Ave., E. Prov., RI 02914
	Director	
Carol Clarey	President	1023 Waterman Ave., E. Prov., RI 02914
Barbara Kosten	Vice President	1023 Waterman Ave., E. Prov., RI 02914
Carol Clarey	Secretary	1023 Waterman Ave., E. Prov., RI 02914
Barbara Kosten	Treasurer	1023 Waterman Ave., E. Prov., RI 02914

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		No Par

Dated: January 9 1985

Camirob Corp.

(Name of Corporation)

By Barbara E. Kosten

Title Treasurer

(Report must be signed by an officer)

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

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
address) 339 Angell Street, Providence, RI

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Carol Cleary	Director	1023 Waterman St., East Prov., RI
Barbara Kosten	Director	1023 Waterman St., East Prov., RI
	Director	
Carol Cleary	President	same as above
Barbara Kosten	Vice President	same as above
Carol Cleary	Secretary	same as above
Barbara Kosten	Treasurer	same as above
James D. Levitt	Assistant Secretary	14 Alfred Stone Rd., Prov. RI 02906

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
---------------	-------	--------	---

11
14
83

Dated: November 3, 1983

CAMIROB CORP.
(Name of Corporation)

By

Title Assistant Secretary

(Report must be signed by an officer)

If the Corporation has changed its registered office and/or its registered agent,
Form 31 must be filed. Please contact Corporation Division for information. 277-3040