

# 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)	<b>a v</b>			
1. Corporate ID No.	2. Name of Carpo		· · · · · · · · · · · · · · · · · · ·		<del></del>
64253	CATALYST	INC.			
3. Street Address Principal E	Business Office		City	State	Zip
2346 POST ROAD		u:	WARWICK	RI	02886
4. Business Phone No.		5. State of Incorpor	1		<del></del>
4017321886		RHODE ISLA			6. SIC Code 7716
7. Brief Description of the C ADVERTISING	haracter of Business Con	ducted in Rhode Island		· · · · · · · · · · · · · · · · · · ·	
8. NAMES AND ADDR	ESSES OF THE OFF	ICERS ("X" BOX FOI	RATTACHMENT)   FILL IN	SPACES BEFORE USING	ATTACHMENTS
7 resident rume			. Vice President Name	<u> </u>	
Brian T. Odell Sweet Address			- Same		
==			Street Address		· · · · · · · · · · · · · · · · · · ·
2346 Post Road			•		
City	State	Zip	City	State	Zip
Warwick	RI	02886	•		
Secretary Name			Treasurer Name	•••••••	••••••
Same			Same		
Street Address			Street Address		
			•		
City	State	Zip	City	State	Zip
9. NAMES AND ADDR	ESSES OF THE DIR	ECTORS ("X" BOX F	ORATTACHMENT)   FILL	N SPACES BEFORE USIN	GATTACHMENTS
Director Hame			Director Name		
Brian T Odell	<u> </u>	_	•	•	
Street Address			Street Address		· · · · · · · · · · · · · · · · · · ·
2346 Post Road					
City	State	Zip	City	State	Zip
Warwick	RI	02886	•		
Director Name Street Address			Director Name Street Address		
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City	State	Zip	.City	State	Zip
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800 NO PAR VALUE			90		No Par
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i nis report must be sig	ned in ink by cithe	r the President, Vico	e President, Secretary, Ass	sistant Secretary, Trea.	surer, Receiver or Trustee
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(CALIA IIII)	(120) 0(120 III				
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	. , ,			erjury, I declare and affirm	
	<del>_</del>	<del></del>	this report, includi	ng any accompanying sche	edules and statements,
*64253 DBC 02/28	57 PM*		• • and that all statem	cats contained berein are	rue and correct.
File Date		101	1/_ 9		2-28-05
	0 2 2005 f	1979	Signature of Officer	- July	
Check No	A W MARKET	フリ゛		1011	Date
	1 n_	- [	Brian T Oc		
By	<u> </u>		Print or Type Name	of Officer	
·	TE LICE ONLY	-	President		
FOR SECRETARY OF STAT	USE UNLY		Title of Officer		Form 630 12/01



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 2004

Filing Period: January		Filing Fee: \$50.00				
FORM MUST BE TYPED I						
I. Corporate ID No. 64253	2. Name of Cor Catalyst, I					
		16.				
3. Street Address Principal Bi 2346 Post Road	usiness Office		City	State	Zip	
4. Business Phone No			Warwick	RI	02886	
		5. State of Incorpora	le ere dem			
401-732-1886		Rhode Island			7716	
7. Brief Description of the Ch Advertising Agency	paracter of Business C Y	onducted in Rhode Island				
8. NAMES AND ADDRI	ESSES OF THE O	FFICERS ("X" BOX FOR	ATTACHMENT)   FILL INS	SPACES BEFORE USING	ATTACHMENTS	
rresident Name		and the second of the second o	Vice President Name			
Brian Odell			·Brian Odell			
Street Address		Street Address				
2346 Post Road		. 2346 Post Road	1			
City	State	Zip	City	State	Zip	
Warwick	RI	02886	<ul><li>Warwick</li></ul>	RI	02886	
Secretary Name	• • • • • • • •	• • • • • • • • • • • • • • • • • • • •	Treasurer Name	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
Same as Above			Same as Above			
Street Address			'Street Address			
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City	State	Zıp	City	State	Zip	
and the state of t			•			
9. NAMES AND ADDRI	ESSES OF THE D	RECTORS ("X" BOX FO	RATTACHMENT) 🗆 FILL IN	SPACES BEFORE USI	NG ATTACHMENTS	
Director Name			Director Name		A CONTRACTOR OF THE CONTRACTOR	
Brian Odell			•			
Street Address	·	<del> </del>	Street Address			
2346 Post Road			•			
City	State	Zip	·City	State	Zip	
Warwick	RI	02886	•		- P	
Director Name			Director Name	• • • • • • • • • •	J	
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Street Address			Street Address			
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City	State	Zip	.City	State	Zip	
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10. SHARES AUTHORI	ZED C'X" BOX FO	RATTACHMENT)	11. SHARES ISSUED C	"X" BOX FOR ATTACHM	ENT [	
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
900						
800			90		No Par	
	T1					
This report must be sig	ned in ink hy eit	her the President Vice	President Secretory Ace	ristant Socratory Tro	asurer, Receiver or Trustee	
.,	,	noi inc i resident, rice	resident, Secretary, 713.	nstum Secretary, Tre	asurer, Receiver or Trustee	
.=						
6 4 2	2 5 3		Under penalty of p	erjury, I declare and affi	rm that I have examined	
			this report, includi	ng any accompanying so	hedules and statements.	
	1 1-		and that all statem	ents contained hyroin are	true and correct.	
J	ムミハイ		.//	IX Y [/ [/	·	
File Date		<del></del>	1/1 31	L TUIN	3-22-04	
	128112		Signature of Officer		Date	
Check No.		<del>_</del> ,	Brian Odel	1		
			Print or Type Name of Officer President			
В <u>у:</u>	_ <del>`</del> _	<del>-</del>				
FOR SECRETARY OF STATE	TE USE ONLY		Title of Officer	·	3r "Z4A"+A-A-	
		j	This of Officer		Form 630 12/01	

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

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



(FORM MUST BE TYPED OR PRI	NTED IN BLACK)				
1. Corporate ID No.	2. Name of Corporation	n – -	<del></del>		. — <del>—</del>
64253	CATALYST IN	C.		_	
3. Street Address Principal Busines			City	<sup>*</sup> State	Zip
2346 Pos	st Road	5. State of Incorporation	Warwick	RI	0 2 82 6 6. SIC Code
401 - 730 - 17	886 ter of Business Conducted in 1	RHODE ISLAND			7716
Marketing 8. NAMES AND ADDRE	T Community States of the office	nications ers (*x* box for attack		BEFORE USING ATTA	CHMENTS
Brian O	dell		Vice President Name  Brian  Street Address	aell	
City	ost Road	Zip	Sam	<b>Q</b> State	Zip
warwick	RI	C3886	******		
Secretary Name		•••••	Treasurer Name		• • • • • • • • • • • • • • • • • • • •
Brian Od	dell		Brian Od	ell	
same			Same	)	
City	State	Zip	City	State	Zip
9. NAMES AND ADDRE	SSES OF THE DIREC	CTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE Director Name	ES BEFORE USING AT	TACHMENTS
Street Address			Street Address	•	
City	State	i zip	City	T <sub>State</sub>	Zip
Director Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Director Name		· ••••••••••••••••••••••••••••••••••••
Street Address			Street Address	-	
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATTAC	วันพัยกรั้ง 🔭 🧵 - 🧎	II. SHARES ISSUED ?	X* BOX FOR ATTACHMEN	IT)
AUTHORIZED SHARES		• • •	ISSUED SHARES	The state of the s	<u> </u>
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Sertes	Par Value
800 NO PAR VALUE			90		i •
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This are set as 1 1 1					
inis report must be sig	ned in ink by eithe	r the President, Vice l	President, Secretary, Assi	istant Secretary, Trea	surer, Receiver or Trustee
1111	FIN BRITE BROKE EFEND OTTON FIND I	<b>II</b> I			
					·

Under penalty of perjury, this report, including any that all statements don't that all statemen

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

3-13-03

Signature of Officer

Print or Type Name of Officer

Title of Officer

Form 630 12/02



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

FORM MUST BE TYPED IN		riing ree: \$30.00			INSTRUCT	
Corporate ID No.	2. Name of Corpor	ation	· · · · · · · · · · · · · · · · · · ·			
64253	CATALYST	INC.	•		•	
Street Address Principal Bus	iness Office	<del></del>	City	State .	Zip	
2346 2348 Po	st Road		Warwick	RI	02886	
Business Phone No.		5. State of Incorporation			6. SIC Code	
732–188	6 racter of Business Conducted	RHODE ISLAN	<u>VD</u>	······	7716	
one, Description of the Cha	racter of Business Conducted	in Rhode Island				
NAMES AND ADD	RESSES OF THE OFF	ICERS (*Y* BOY FOR ATT	ACHMENT) CFILL IN SPACES	RECORE HEING ATTA	Calbarane	
sident Name		TOURS ( A BOX FOR ATT	Vice President Name	DEFORE USING ATTA	CHMENIS	
Brian Odell			Brian Odel	1		
et Address 2346	1		Street Address			
	st Road		Same			
, Warwick	State RI	02886	Ciry	State	- Zip	
retary Name		02000				
Brian Odell			Brian Odel	Treasurer Name  Brian Odell		
Street Address .		Street Address				
Same			Same	•		
,	State	Zip	City	State	Zip	
NAMES AND ADD	RESSES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT). L. FILL IN SPACE	S BEFORE USING AT	FACHMENTS	
ector Name			Director Name			
et Address	<u> </u>		Street Address	<del></del>	<del> </del>	
			Street Maaress			
<u> </u>	State .	· Zip	City	State	Zip	
		·				
rctor Name		······	Director Name			
et Address				· <del></del> ·· · · · · · · · · · · · · · · · ·	<del></del>	
et Address			Street Address			
· · · · · · · · · · · · · · · · · · ·	State	Zip	City	State		
				State	Zip	
SHARES AUTHOR	IZED (*X* BOX FOR ATT	ACHMENT): [	11. SHARES ISSUED (*.	X* BOX FOR ATTACHMEN	(T) []	
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nber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
800 NO PAR VALUE		90				
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	<del></del>	<del></del>	L			
s report must be s	<b>igned in ink</b> by eit	ner the President, Vic	e President, Secretary, Assis	stant Secretary, Treas	surer, Receiver or Tru	
l l		[I]   <b>  6   6</b>	-	•		
•						

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and Signature of Officer Check No.: Brian Ødell Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer

**450>** 3

Form 630 12/01



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

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

STOP PLEASE READ INSTRUCTIONS

FORM MUST BE TYPED IN BLAC	k)	-	•		
Corporate ID No. 64253	72. Name of Corpor		· · · · · · · · · · · · · · · · · · ·	<del> </del>	
Street Address Principal Business O	ffice		City	State	
2348 Post Road			Warwick	RI	02886
Business Phone No.	•	5. State of Incorporation	1		6. SIC Code
732–1886		RHODE ISLA	ND		7716
. Brief Description of the Character of	f Business Conducted	in Rhode Island			·
advertisi	ng			<u> </u>	
B. NAMES AND ADDRESSE	ES OF THE OF	ICERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES  : Vice President Name	BEFORE USING ATTA	CHMENTS
Brian Odell			Brian Odell		
treet Address			Street Address	<del> </del>	
2348 Post Road		•	Same		
City	State	Zip	City	State	Zip
Warwick	RI	02886			1
ecretary Name			Treasurer Name		
Brian Odell			Brian Odell		
treet Address	· <del></del> - · - ·	• • • • • • • • • • • • • • • • • • • •	Street Address	<del></del>	<del></del>
Same			Same		
City	State	Zip	City	State	Zip
NAMES AND ADDRESSE	S OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) ( FILL IN SPAC	ES BEFORE USING AT	TACHMENTS
Director Name			Director Name		
Street Address				·	· 
			Street Address	•	1
City	State	Zip .	City	State	
•			<b></b> ,	, state	Zip',
Director Name	المستبسب		Director Name	<b>.</b>	
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treet Address	<del></del>		Street Address	<del></del>	<del></del>
City	State	Zip	City	State	Zip
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800 SHS NO PAR VA	\L		90		no par
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his report must be signed	l <b>in ink</b> by eit	her t <mark>he</mark> President, Vice	President, Secretary, Ass	istant Secretary, Treas	surer, Receiver or Tru
· I FRANC AN	<b>ia atala ishal arida</b> aki	inn ·		·	
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	* 6 4.2 5 3 *		Under penalty of perjury, 1 declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date:	2/9/61	-	that all statements contained heroin are true and correct.
By:FOR SECRETARY OF ST	TATE USE ONLY		Brian Odell  Print or Type Name of Officer  President  Title of Officer



FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## 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)				
1. Corporate ID No.	2. Name of Corpora		<del></del>		<del></del>
64253	CATALYST	INC.	, ,,, ,, ,, ,,		
Street Address Principal Business	Office		City	State	Zip
2348 Post Road	. <b>_</b>		Warwick	RI	02886
Business Phone No. 732–1886		5. State of Incorporatio		•	6. SIC Code 7716
	40.000	RHODE ISLA	ID		7710
Brief Description of the Character	of Business Conducted	n Knode Island			
. NAMES AND ADDRES: esident Name	SES OF THE OFF.	ICERS ("X" BOX FOR ATT.	CHMENT) FILL IN SPACE  : Vice President Name	S BEFORE USING ATTAC	HMENIS
J <b>800×Komni</b> g Bria	n Odell		Brian Odell		
reet Addiess	m Well		Street Address	•	
2346 Post Road			2346 2348 Post F	ond.	
iny — · · ·	State	[ Zip -	City	State	- ! Zip
Warwick	RI	02886	Warwick	RI	02886
Cretary Name		1	. Treasurer Name		
John Kolemby Bria	n Odell		නුත්තය(භූතනත්)ක්	Brian Odell	
reet Address			Street Address		
Same			Same		
ity	State	Zip	: City	State	
NAMES AND ADDRES	SES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT) THILL IN SPA	CES BEFORE USING ATTA	CHMENTS
trector Name		<del></del>	: Director Name		
reet Address	<del></del>	<del></del>	Street Address		<del></del>
	• •				
Tity	State	Zip	City	State	Zip
Pirector Name	• • • • • • • • • • • • • • • • • • • •		Director Name	*********	
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treet Address	· · ·		Street Address		
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lity	State	Zip	City	State	Zip
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O. SHARES AUTHORIZE	D ("X" BOX FOR ATT	ACHMENT)	<del></del>	("X" BOX FOR ATTACHMENT	
AUTHORIZZED SHARES		<del></del>	CSSUED SHARES	a grander e ar	
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
800 SHS NO PAR V	AL		90	•	No par value
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his report must be sign	ed in ink by eit	her the President, Vic	e President, Secretary, As	ssistant Secretary, Treasu	rer, Receiver or Trust
i   <b>           </b>		<b>II</b> .			
		]]			
	HANK BURNU HANDU BUNNU HAND	14	Under negalty of	perjury, I declare and affirm	that I have examined
* 6	4 2 5 3	*	-	ing any accompanying sch	
···	10 -			s opposited horein are true	
File Date: 3/1/	00			MAINO	2/2-/-
	2-1			Care	-0/00/00
Check No.:	JJ /		Signature of Officer	mulai 04-11	Date /
CHECK NO.:		<del></del>	<b>2000</b> 000000000000000000000000000000000	oog Brian Odell	

Print or Type Name of Officer

Title of Officer

President



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BL	ACK)				TAST ROCTION
1. Corporate ID No.	2. Name of Corporati	on			
64253	Catalyst	Inc.			
3. Street Address Principal Busines	, -		City	State	Zip
2348 Post Road	* 2346 POST	(ROAI)	Warwick	RI	02886
4. Business Phone No.		5. State of Incorporation			6. SIC Code
(401) 732-18	286	Rhode Islan	<u>d</u>		7716
7. Brief Description of the Charact					
HOVERTISING	HEENCY - BU	siness to Busine-	<b>c</b> \$		
8. NAMES AND ADDRE	SSES OF THE OFFIC	CERS ("X" BOX FOR ATTACE		BEFORE USING ATTA	CHMENTS
John Koenig BRIAN ODELL.			Vice President Name  Brian Odell	Na 4. m	
Street Address	DRIAN UDE	LL.,	· · · · · · · · · · · · · · · · · · ·	MOINE	<del></del>
2348 Post Road	+ 2346 Pos	T ROAL	Street Address 2348 Post Road	Γ	
City	State	Zip	City	State	Zip
	RI	02886	Warwick_	<del>-RI -</del> -	· <del>02886 - ,</del>
Secretary Name  John Koenig BRIAN ODELL			Treasurer Name John Koenig	BRIAN OD	
Street Address	21(171) 000	<u> </u>	Street Address	10 ICHA OB	ECC_
Same as above		Same as above			
City	State	Zip	: City	State	Zip
				•	
9. NAMES AND ADDRE	SSES OF THE DIRE	CTORS ("X" BOX FOR ATTA	CHMENT)   FILL IN SPAC	ES BEFORE USING AT	TACHMENTS
Director Name			Director Name		<del></del>
Street Address	<del></del>	<del></del> .			
ALLESS VARIESS			Street Address		
City	State	Zip	: City	State	ZIp
					"
Director Name			: Director Name		······································
Street Address			Street Address		<del></del>
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City	State	Zip	City	State	Zip
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10. SHARES AUTHORIZE	ED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
AUTHORIZED SHARES			CSRAD SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
800		No par value	HONE		
	·	<del></del>	<u></u>		
This report must be sign	ned in ink by eith	er the President, Vice I	President, Secretary, Ass	istant Secretary, Treas	surer, Receiver or Truste
			-	•	

The Date: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements consumed therein are true and correct.
Check No.: 4853	Signature of Officer Date 2/22/99  13 RIANT. ODELL
OR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer  PRESIDENT  Title of Officer



• Filing Fee: \$50.00

Filing Period: January 1-March 1

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

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998



(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 64253 CATALYST INC. 3. Street Address Principal Business Office City State POST ROAD 2348 Post Road Warwick RI 02886 4. Business Phone No. 5. State of Incorporation 6. SIC Code RHODE ISLAND 7716 7. Brief Description of the Character of Business Conducted in Rhode Island MARKETING COMMUNICATIONS CONSULTATION + PROGRAM DEVELOPMENT 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X. BOX FOR ATTACHMENT) President Name Vice President Name John-Koening Brian Odell Street Address Street Address POST ROAD ----3348-Post 2<del>346</del> <del>2026 Roa</del>d City <sup>Zip</sup> 02886 Warwick RI RI 02886 Warwick Secretary Name Treasurer Name OENIG John Koening 0EN16-John Koening Street Address Street Address Same as above Same as above State Zip City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name : : : Street Address Street Address CIN State Zio Director Nam Street Address Street Address City State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 90 NONE 800 SHS NO PAR VAL 0

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

* 6 4 2 5 3 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, as
File Date: 3.17.98.  Check No.:	that all statements contained herein are true and correct.    Cerb 2798   Signature of Officer   Dite   Cross   John 11. Kugni
By:  FOR SECRETARY OF STATE USE ONLY	Title of Officer



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

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

PROFIT CORPORATION ANNUAL REPORT 1997

PROFIT CO Filing Period: Janua			REPORT 1997		PLEASE READ INSTRUCTIONS UNFORE
(FORM MUST BE TYPED IN  1. Corporate ID No.  6425	BLACK)  2. Name of Corporat	$\tau$ $\sim$ $\sim$		<del></del> —	COMPLETING
3. Street Address Principal Busi	ness Office Post Rong		WATLICK	State	C2881
4. Business Phone No. 401 - 7	732-1886	'S. State of Incorporation	<sup>in</sup> _ , \		6. SIC Code
7. Brief Description of the Char Mary Ke 1	acter of Business Conducted In		55000 >	- · · · · · · · · · · · · · · · · · · ·	
8. NAMES AND ADDI	- /· ·- — -· · -	CERS ("X" BOX FOR ATT	ACHMENT) : Vice President Name		
John	-Koenig		Brim	Odell	
Street Address 23 WINS	ar Dr.		Street Address 7 4	laslove Dr	-
Bry Vingta	State RI	02806	Med 15 ing sto	on State	102812
Street Address			Street Address		
City	State	i Zip	City	State	Zip
9. NAMES AND ADDI	RESSES OF THE DIRI	ECTORS ("X" BOX FOR A	TTACHMENT) Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	i 	I	Director Name		
Street Address			Street Address		
City	State	Zip	Clty	State	Zip
10. SHARES AUTHOR	IZED AND ISSUED	X BOX FOR ATTACHMEN	T) (		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
800	Commen	·	100	Comno	J
This report must be s	igned in ink by eit	her the President, Vi	ce President, Secretary, Ass	sistant Secretary, Treasu	irer, Receiver or Trust
			11-1	perform I declare and affirm	About home suresteed

#### **PROFIT CORPORATON 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) 277-3040

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

		PLEASE ITPE U	M PHIN) IN BLACK IRK.		
. CORPORATE ID NO.	2. NAME OF CORPORATION	, ,			
OO64253 STREET ADDRESS PRINCIPAL BUSINESS	OFFICE CATAlys T	INC.	спу	STATE	ZIP CODE
2346 Post (	Zund	. STATE OF INCORPORATION	Warlick	RI	02886 8. SHC CODE 77//
401 - 732 - 1		STATE OF INCORPORATION  RhoJe 1  DE ISLANO	Island		<del>6660</del> //6
Development	of Marke	Ting commu,	NICALICANI. SSES OF THE OFF		
	8. NAMES				
PRESIDENT NAME  John Kuri  STREET ADDRESS	ni g		Srian Odell	^	
Tohn Kuer  STREET ADDRESS  23 WINSON  Borning Ton  SECRETARY NAME	Drile STATE	ZIP COOE	orry Yellanstone	Drile	ZIP CODE
Borring Ton GEGRETARY NAME	RI	02806	STREET ADDRESS 7 YellowsTone CITY  CITY  CITY  LITHEASURER MAME	RI	02852
STREET ADDRESS			STREET ADDRESS		. •
спу	STATE	ZIP COOE	спу	STATE	ZIP CODE
DIRECTOR NAME	9. NAMES	AND ADDRES	S S E S O F T M E D I R Director name	ECTORS	•
STREET ADDRESS			STREET ADDRESS		<del></del>
CITY	STATE	ZIP CODE	спу I	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME	- <b>-</b>	<del></del>
STREET ADDRESS			. STREET ADDRESS		
CITY	STATE	Z1P C00€	СПУ	STATE	ZIP CODE
•	4 4			 J E D	
·:	1 0. S H	IANES AUIN	UNIZEU AND 1994	ISSUED SHARES	
NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
800	Common		.100	Common	<u></u> .
				1	<u> </u>
					<del>-</del>
	Th	nis report must be S	IGNED IN INK by either the		•
P			sistant Secretary, Treasurer,		tee

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.

File Date:	5/23/96	,	ts rath
	0	114 (1) D	05
By: K	ICOSUS LO Secretary of State Use	i shi U shi i shoo	30 25 30 25

- la R Kounin	
Signature of Officer	
John R. Klenic	
Print or Type Name of Officer	

Date FORM 31 12/95

# 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

ALL ENTRIES MUST BE COMPLETED IN FULL OR	THE FORM W	ILL BE RETU		
Corporate ID:	Annual Re	eport for the year	1991	<del></del>
Name of Corporation: CATALYST IK.	***	-	·- · · · · · · · · · · · · · · · · ·	
Business entity organized under the laws of the State of: Rhede Tales For foreign entity, address and telephone number of principal office:	ا کوس ا	•	one): on (See RIGL Chapter 7-1 o Corporation (See RIGL	
Phone: ( )	Brief :	statement of the ch	aracter of business conduc	ted in Rhode Island:
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):				
Larwick, RT 02886	<del>_</del> ·		<del></del>	
Phone: (44) 732-1886				
	S OF THE OFFIC	CERS ARE:		
John Koenia 23 1/ivs	TREAT ADDRESS	Arrimaton	2T	02806
VICE PRESIDENT	STREET ADDRESS	HI W.	CITYSTATE	ZIT COOE
SECRETARY JOE J YELLOWS	SENE UT.	N. King	CITYATIATE CITYATIATE	U285 2 729 COOE
TREASURER S	STREET ADDRESS		CITY/STATE	ZIP C00%
THE NAMES	OF THE DIREC	TORS ARE:		
	STREET ADORESS		CITABLATE	ZIP CODE
NAME	FTREET ACCURESS		CITYSTATE	ZIP CODE
NAME S	STREET ADDRESS	<u> </u>	CITYSTATE	229 0006
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER	OF SHARES ISSU	ED AND OUTSTANDING	Rider may be attached)
Number of Shares Class / Series	Number	of Shares	Class / Series	
800 COMMUN	10	VC .	COMMON	٠.
Date MPN 10 19_96	By: John R	Keeni, Koonie		
Form 31 1/95	TITLE OF OFFICER SIGNED	``		
DESIGNATED REGISTERI	ED AGENT FOR	SERVICE OF	PROCESS:	

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

BE' HA EO B ES YAM

nopu c. Dean EDELVER DIV. SECHETARY DE STATE POR DELVER DIV. PAID

MAY 2.3 1995 SUB KID ILLOSUB SECY OF STATE

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

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

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

Corporate ID:	Annual Report for the year:
Name of Corporation: CATALYST INC. Business entity organized under the laws of the State of: Bhode Islan For foreign entity, address and telephone number of principal office:	
Phone: ( )  Address and telephone of the principal office of business entity in Rhode  Island (Provide street address - Not P.O. Box):  2346 FOT KO.  WANTEK, RT 02886	Developing MARKETING COMMUNICATIONS.
Phone: (44) 732-1886	
	F THE OFFICERS ARE:
	T ADDRESS CITY STATE ZZP CODE
JOHN KUENIG 23 Winson	Us. Springla, KI 02806 TADDRESS ZPCODE
4. 11	TADDRESS WOTH Kingston R. 02852 TADDRESS SPINITATE
TREASURER STA	TADDRESS CITY/STATE ZIP CODE
THE NAMES O	THE DIRECTORS ARE:
	TADDRESS CITYSTATE ZIP CODE
NAME STR	T ADDRESS CITY STATE ZIP CODE
NAME STR	T ADDRESS CITY/STATE ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares Class / Scrics	Number of Shares Class / Series
800 Common	100 Common
_ · · · · · · · · · · · · · · · · · · ·	John R. Koenig  OR TYPEHAME OF DEFICER SEMING  OF OFFICER SIGNING
	AGENT FOR SERVICE OF PROCESS:
PLEASE NOTE: If the registered office and/or registered agent indicated	elow is incorrect, Form 9 must be filed.

36' HA 20 8 ES YAH

RECEIVED \*\*
SECRETARY OF STATE
CORPORATIONS DIV.

PAID

MAY 2 3 1995 CO 16 0868 SEC'Y OF STATE

10:38

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	0064253	Annual Report for the year	1993
FIRST: The name	of the corporation is	CATALYST INC	
		the State of Rhode Islan	
Fourth: If foreig	n corporation, address of its p	rincipal office	
	ddress in Rhode Island	vic K, RI 02886	n, RI-02806
Name	d addresses of its directors and	l officers: Address (including number, s	(Attach rider if necessary)
	Director  Director  Director		
	President	23 Winsor Drive, Barringto	on, RI 02806
BRIAN ODELL	Vice Presid	ent 7 Yellowstone Drive, North	h Kingstown, RI 0285
JEFFREY CAUDILL	Secretary	447 Fair Street, Warwick,	RI 02888
ROBERT BENNETT	Treasurer	20 Brentonwood Drive, Bar	rington, RI 02806
SEVENTH: Number	er of Shares authorized:	Series	Par Value or statement that shares are without par value
800	Common	PAID 19 1593	No Par
EIGHTH: Number	of Shares issued:	SECY OF STATE	Par Value or statement that shares are without par value
100	Common		No Par
Dated Vav- 16	/	CATALYST INC.  (Name of Corporation)  By Premient	

# To be filed annually between January Island March Isl State of Minde Island and Alcohidence Allandalions Corporations division BONDRIH MAIN STRIET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0064253	Annual Report for the year	ar1992
First: The name		CATALYST INC	······································
SECOND: It is inc	corporated under the laws of	the State of Rhode Isla	nd
Tump: Characte	r of business, briefly stated, is	developing and marketin	g communicatio
FOURTH: If foreign	gn corporation, address of its pr	incipal office	••••••
Fiftii: Business a	ddress in Rhode Island 23	Winsor Drive, Barringt	on, RI 02806
SIXTH: Names and Name	d addresses of its directors and		(Attach rider if necessor
	Director	•	•••••••••••••••••••••••••••••••••••••••
	Director		······································
	President	23 Winsor Drive, Barringt	on. RI 02806
•		7 Yellowstone Drive, North	
	Secretary	447 Fair Street, Warwick,	
	Treasurer	20 Brentonwood Drive, Bar	
Seventii: Number	r of Shares authorized:		Par Value
No. of Shares	Class	Series	or statement that shares are without par value
800	Common		No Par
Eighth: Number of	of Shares issued:	PAID	Pag Makes
No. of Shares	Clara	JAN 1 4 1993 Series	Par Value or statement that shares are without par value
100	Common	SECY OF STATE	No Par
rd December	•••••	TALYST INC.	
	(Nn بولمار	me of Conjugation) R. Konson	-
(Report must be s	signed by an officer)	President	••••••