

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

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

2005

401.222.3040

Matthew A. Brown, Secretary of State PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. (1	1				
1. Corporate ID No.	2. Name of Corporation				
67760 3. Street Address Principal Business	Zeppelin Indu	stries, Inc.		· ·	
c/o Box 775,	••		Thornton	State NH	03223
4 Business Phone No.	MILIOI Dake	5. State of Incorporation			6. SIC Code
7. Brief Description of the Chamcter	of Business Conducted in	RHODE ISLAND Rhode Island	<u> </u>		1883
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8. NAMES AND ADDRESSES	OF THE OFFICER	S: ("X" BOX FOR ATT	TACHMENT) FILL IN SE	PACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name	_	
Michael Jacob	·	 	Michael J	acob	
Strict Address C/O Box 775,	Mirror Lake	5	Sireei Address	75, Mirror La	ake
City	State				
Thornton	NH	03223	City Thornton	State NH	03223
Scendary Name		····	Treasurer Name		
Same			Same		
Sirrei Address			Street Address	· · · · · · · · · · · · · · · · · · ·	
City	State	Zip	Clty	State	Zip
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9. NAMES AND ADDRESSES Director Name	OF THE DIRECTO	RS: ("X" BOX FOR A	TTACHMENT) FILL IN Director Name	SPACES BEFORE USIN	G ATTACHMENTS
			Director Name		
Street Address		· ·	Street Address		
City	State	Zip	City	State	Zip
		<u>]</u>			
Director Name			Director Name	•••••	
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Sirret Address			Street Address		
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8,000 \$1.00 PAR VALUE			100		
		<u> </u>	100	Common	NPV
This coppet away be		L. I. D. 11			
this report must be:	signed in ink by en	ner ine President, vice	President, Secretary, Assistant	Secretary, Treasurer, R	eceiver or Trustee
11881	8 81111 13 611 18 813 6 1111	2011 1001			
					it I have examined this report ments, and that all statement
	2 .:-		contained herein are tr	we and correct.	
File Date / - / _	3-05		/ M. J.	هـ. ـ ا	1.11.05
Check No. 131	γ <u> </u>		Signature of Officer		Date
Clieck No.	<i></i>	1	4 Table 18 T	Tagah	
Ru: 7	Ic.		<u>Michael S</u> Print or Type Name of C		
Ву:			President		
FOR SECRETARY OF ST	ATE USE ONLY		Tule of Officer	-	



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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _	2004	
William Partied January 1 March 1 A Elling Eng. \$50.00		

(FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 2. Name of Corporation Zeppelin Industries, Inc. 3. Street Address Principal Business Office State 03223 c/o Box 775, Mirror Lake Thornton NH G. SIC Code 4. Business Phone No. 5. State of Incorporation <u> 1883</u> RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island
MANUFACTURING OF PLASTIC PARTS OF ANY KIND BY INJECTION AND COMPRESSION MOLDING AND THE PRODUCTION OF MOLDS AND TOOLS
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Michael Jacob Michael Jacob Street Address Street Address c/o Box 775, Mirror Lake c/o Box 775, Mirror Lake State State 03223 Thornton Thornton NH Secretary Name Treasurer Name Michael Jacob Street Address Street Address Same City State Zip State FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Street Address Street Address 210 State State Cuy Director Name Director Name Street Address Street Address Zip City State Zφ Chy State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Class/Series Par Value Number of Shares Class/Series Par Value Number of Shares 8,000 \$1.00 PAR VALUE NPV 100 Common This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date
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 st	atements, and that all statement
contained herein are true and correct.	
Mulad Jank	11.5.2004
Signature of Officer	Date

Michael Jacob

Print or Type Name of Officer

President

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

STOP PHYSE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRII	VIED IN BLACK)				
1. Corporate ID No.	2. Name of Corporat	tion			
67760	Zeppelin Ind	ustries, Inc.			
3. Street Address Principal Busine		•	City	State	Zip
C/O BOX 775 4. Business Phone No.	, Mirror La	ike S. State of Incorporation	Thornton	NH	03223 6. SIC Code
7. Brief Description of the Charac	ter of Business Conducted in	RHODE ISLAN	ND		1883
Mfg. of Mol 8. NAMES AND ADDRE President Name	.ds SSES OF THE OFFI	CERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES BE	FORE USING ATTAC	CHMENTS
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c/o 775, Mi	rror Lake	ZIp	Same _{City}	State	Z.ip
Thornton Secretary Name	ИН	03223	Treasurer Name		· · · · · · · · · · · · · · · · · · ·
Michael Jac	:ob		Michael Jacob		
Street Address			Ditter Mantely		
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: _	1.16.03	_
Check No.: _	115)	_
By:	υp	
COB SECDE	TARY OF STATE HER ONLY	

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

Signature of Officer

Date

Michael Jacob
Print or Type Name of Officer

<u>President</u>

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



Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 67760 Zeppelin Industries, Inc. 3. Street Address Principal Business Office City State Zip c/o Box 775, Mirror Lake 03223 Thornton NH 4. Business Phone No. 5. State of Incorporation 6. SIC Code RHODE ISLAND 1883 (401) 294-3749 7. Brief Description of the Character of Business Conducted in Rhode Island Mfg. of Molds 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Michael Jacob Michael Jacob Street Address Street Address c/o Box 775, Mirror Lake Same City Zip City State ZIp Thornton NH 03223 Secretary Name Treasurer Name Michael Jacob Michael Jacob Street Address Street Address Same Same City State Zip City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Same Same Street Address Street Address City State City State Zip Director Name Director Name Same Same 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 8,000 \$1.00 PAR VALUE 100 Common NPV

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



File Date:	1-11-02	
Check No.:	1055	-
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By:	AF CELEBRATE LIST OF THE COLUMN	

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

Michael Jane	√1.q.02
Signature of Officer	Date
Michael Jacob	

President

Title of Officer **←**> 3

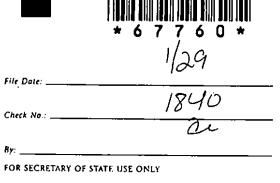
Form 630 12/01

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

1 I criba. Juntary 1-march 1	•	riling ree:	\$30.00
(FORM MUST BE TYPED IN BLACK)			•

1. Corporate ID No. 67760	2. Name of Corporation Zeppelin Ir	ndustries, Inc.			
3. Street Address Principal Business	ОПСе		City	State	Zip
C/O BOX 775, N 4. Business Phane No.	Mirror Lake	5. State of Incorporation	Thornton	NH	03223 ^{6.} 488\$
(401) 294-3749 7. Bilef Description of the Character) of Business Conducted in Ri	RHODE ISLAND			1003
Molds Mfg. 8. NAMES AND ADDRESS President Name	SES OF THE OFFICE	RS ("X" BOX FOR ATTACHE	4ENT) FILL IN SPACES BEF	FORE USING ATTACH	MENTS
Michael Jacob Street Address			Michael Jacob Street Address		
c/o Box 775. N	lirror Lake	Zip	Same City	State	Zip
Thornton Secretary Name	NH	03223	Treasurer Name		- - <i>y</i>
Michael Jacob			Michael Jacob		
Same Cuy	State	Zip	Same City	. State	Zip
9. NAMES AND ADDRESS Director Name Same Street Address	SES OF THE DIRECT	FORS (*X* BOX FOR ATTAC	HMENT) FILL IN SPACES B Director Name Same Street Address	EFORE USING ATTAC	HMENTS
City	State	Zip	City	State	Zip
Director Name			Director Name		••
Same Street Address			Same Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZES AUTHORIZED SHARES	O (*x* box for attach	(MENT)	11. SHARES ISSUED ("X" E	BOX FOR ATTACHMENT)	
Number of Shares 8,000 \$1.00 PAR	Class/Series VALUE	Far Value	Number of Shares 100	Class/Series Class C	no par value
This report must be signe		*	esident, Secretary, Assista	nt Secretary, Treasur	er, Receiver or Trustee



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

Mulai wil	erein are true and correct.
Signature of Officer	Date

_ '...

Michael Jacob Print or Type Name of Officer

President

Title of Officer



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

Rhode Island 7. Brief Description of the Character of Business Conducted in Rhode Island Molds Mfg. 8. NAMES AND ADDRESSES OF THE OFFICERS (*X" BOX FOR ATTACHMENT) President Name Michael Jacob Street Address C/O Box 775, Mirror Lake City Thornton NH 03223 Rhode Island Rhode Island Rhode Island Street Address Vice President Name Vice President Name Vice President Name Street Address City State 21p 31
State Stat
Box 775, Mirror Lake A Bulinis Phone No. (401) 294-3749 Rhode Island 7. Brief Description of the Character of Business Conducted in Rhode Island Molds Mfg. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) I President Name Michael Jacob Street Address City Phone of the Character of Business Conducted in Rhode Island Michael Jacob Street Address Street Address Street Address Same Street Address Same Street Address Same Street Address Same Same Street Address Same Same Street Address Street
(A01) 294-3749 Rhode Island
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City State Zip City State Zip
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AUTHORIZED SHARES (COUTS) SHARES
Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or



FOR SECRETARY OF STATE USE ONLY

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

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Filing Period: January	v 1-March I •	N ANNUAL Filing Fee: \$50.00	REPORT 199	•	STOP: A PLEASE READ INSTRUCTIONS OUT ORBIT
(FORM MUST BE TYPED IN BL) 1. Corporate ID No.				······	THIS FORM
67760	2. Name of Corporal		Tu		
O / / OU 3. Street Address Principal Business	zeppe : office	lin Industri	es, inc.	State	Zip
630_Old Bapti 6. Business Phone No.	ist Road	S. State of Incorporati	No. Kingstown	n,	02852 6. SIC Code
(401) 294–374 7. Bilef Description of the Characte	19 or of Business Conducted li	Rhode_Island	and		J
_Molds Mfg					
8. NAMES AND ADDRES President Name		CERS ("X" BOX FOR AT	Vice President Name	•	
Michael Jacok Street Address	·		Michael Ja	acob	· ••
P.O. Box 368	' State	Zip	Same	State	Zip
Melvin Villag	jej NH	03850	•	t	
Secretary Name			· Treasurer Name	****************************	
Michael Jacob Street Address	· ·	-	Michael Ja	acob	
Same			Same		
City	State	Zip	City	State	Zip .
9. NAMES AND ADDRES	SES OF THE DIRE	CTORS ("X" BOX FOR			
Director Name			Director Name		
Same Street Address			SameStreet Address		
<u>.</u>			<u> </u>		
City	State	Zip	City	State	Zip
Director Name Same		······	Director Name Same		
Street Address	 	<u> </u>	Street Address	·	
City	*State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D AND ISSUED	X BOX FOR ATTACHMEN	m C		
AUTHORIZED SHARES		···	ISSUED SHARES		
Number of Shares	Class/Series		Number of Shares	Class/Series	Par Value
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'his report must be sign	ned in ink by eith	ner the President, Vi	ce President, Secretary, As Under penalty of	ssistant Secretary, Treas	7.3
File Date:	-24-99.		this report, includ		hedules and statements, an
Check No.:	1003	The second secon	Signature of Officer	Jacobs	. 3/19/99 Date
	OPP	1	Michael Print or Type Name of	Jacob omer	

Title of Officer



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period's January 1-March 1 • Filing Fee: \$50.00

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CHOKM MUST BE TYPED IN BLACK	,				"
1. Corporate ID No.	2. Name of Corporation				
67760 3. Street Address Principal Business Off		N INDUSTRIES,	INC.	State	ZIp
630 Old Baptist 4. Business Phone No.	Road	5. State of Incorporation	No. Kingstown	RI	03852 6. SIC Code
(401) 294-3749 7. Brief Description of the Character of	Business Conducted in Rhoo	Rhode I	Island		1883
Molds Manufactu B. NAMES AND ADDRESSE President Name		S (*X* BOX FOR ATTACHN	AENT) Vice President Name		
MICHAEL JACOB Street Address			Same		
P. O. Box 368	State	Zip .	City	State	Zip
Melvin Village Secretary Name	NH	03850	Treasurer Name	· · · •	
Same Street Address			Same Street Address		
City	State	Zip	City	State	ZIp
9. NAMES AND ADDRESSE Director Name	S OF THE DIRECTO	ORS (*X* BOX FOR ATTAC	CHMENT) Director Name		
Street Address		•	Street Address		
City	State	Zip	City	State	Zip
Director Name		•• • • • • • • • •	Director Name	•	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR ATTACHA	AENT)	11. SHARES ISSUED (*x* 8:	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8000 shs. \$1.00	Par Value		3000	COMMON	\$1.00

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

3.76.98
File Date:
Check No.:
- <u>IVP</u>
'ECRETARY 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	Feb 15.1998
Signature of Officer	Date

Michael Jacob
Print or Type Name of Officer

President

Title of Officer



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

PROFIT CORPORATION ANNUAL REPORT 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 67760 Zeppelin Industries, Inc. 3. Street Address Principal Business Office State Zip 63 Old Baptist Road No. Kingstown, RI 02852 4. Rusiness Phone No. 5. State of Incorporation 6. SIC Code (401) 294-3749 Rhode Island 1883 7. Brief Description of the Character of Business Conducted in Rhode Island Molds Manufacturer 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Michael Jacob 1 Street Address · Street Address P.O. Box 368 City Zip City State Zip 03850 Melvin Village NH Secretary Name Treasurer Name Shirlie Jacob Shirlie Jacob Street Address Street Address 41 Newport Avenue 41 Newport Avenue . City City State Zip No. Kingstown. RI 02852 No. Kingstown ŔΙ 02852 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address City State Zip City State ZIp Director Name Director Name Street Address Street Address City State Zip City State 210 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value

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

\$1.00 PAYVALO

File Date:	12/10/97	10,000	د عيا
Check No.:	1913		
Ву:	(010)		
FOR SECRETARY	OF STATE USE ONLY		

8000

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 correctly signature of Officer

Signature of Officer

Shirlie M. Jacobie 10 181131035

Print or Type Name of Officer

Secretary
Title of Officer

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) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

CORPORATE ID NO.	Y	PLEASE TYPE UH	PRINT IN BLACK INK.		
	2. NAME OF CORPORATION				
67760		n Industries,	Inc.		
STREET ADDRESS PRINCIPAL BUSINESS OFFICE	·		an	STATE	ZIP COO€
630 Old Bank	ict Pd		N. Kingstown	RI	03852
630 Old Bapt	ISC NO.	STATE OF INCORPORATION 11,		1 ***	6. SIC COOE
(401) 294-37	49	RHODE I	SLAND William		1883
BRIEF DESCRIPTION OF THE CHARACTER OF BUS	1	m	at meet		1003
Molds Manufa					
· - · · · · · · · · · · · · · · · · · · ·		ES AND ADDR	ESSES OF THE OFFIC	F R C	
TESIDENT HAME	· ·		VICE PRESIDENT NAME		· · ·
Michael Jaco	ď				
REET ADDRESS			STREET ADORESS		·· <u>·</u> ···
PO Box 368)		
Melvin Village	STATE NH	^{ZP 000€} 03850	div	STATE	ZIP COOE
-	1411] 		
PRETARY NAME			TREASURER HAVE		
ELT ADORESS			Shirlie Jacob		
ICE I PURPLESS			, STREET ADDRESS	•	
γ	I STATE	ZIP COOE	41 Newport Av	e. TSTATE	ZIP CODE
			N. Kingstown	RI	02852
	I			· · · · · · · · · · · · · · · · · · ·	02032
RECTOR NAME	9. NAM	S ARU AUDH	ESSES DE THE DIREC	- U K \$	-
REET ADORESS	· 		STREET ADDRESS		
			1		
γ	STATE	ZIP COOE	an	STATE	ZIP C006
			1	1	
ECTOR HAME			DIRECTOR NAME		······································
			1		
REET ADORESS			, STREET ADDRESS		
Y	STATE	ZIP COOE	στν	STATE	ZIP COĐ€
	J	<u></u>			
	10. SH	RES AUTHOR	IZED AND ISSUED		
	AUTHORIZED SHARES			ISSUED SHARES	
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	MUMBER OF SHARES	CLASS / SERIES	PAR VALUE
8000 SHS \$1.	OO PAR VALUE		- 5		
	TO LAK TREUE		<u></u>	·	+
			}		
					
					1
					<u> </u>

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.
File Date:	1/19/92	Signature of Officer
Check No:	38711	SHIRLIE M. JACOB Print or Type Name of Officer

Ву:

Title of Officer

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 WILL BE RETURNED.

Corporate ID:	57760		Annual Report for th	1995	
Name of Corporation:	Zeppelin	Industries,		o your	
Business entity organized un For foreign entity, address ar	der the laws of the State of:	cipal office:		(check one): rporation (See RIGL Chapter 7-1. Service Corporation (See RIGL C	
DL ()	principal office of business s - Not P.O. Box):		Brief statement ofMolds	the character of business conducted Manufacturer	
N. Kind		852			· · · · · · · · · · · · · · · · · · ·
Phone: (401) 294-	3749				
		THE NAMES OF T	THE OFFICERS ARE	<u>.</u> L:	<u>-</u> -
Michael J	Ingoh	STREET A		CITYSTATE	ZIP CODE
VICE PRESIDENT	Jacob	STREET A	DDRESS	CHYSTATE	ZIP CODE
SECRETARY		STRFET A	DDRESS	СЛУ/STATE	ZIP CODE
Shirlie 3		street a	. Kingstown,	CITY/STATE RI 02852	ZIP CODE
NAME		FHE NAMES OF THE STREET A	HE DIRECTORS AR	CITY/STATE	ZJP CODE
NAME		STREET A	DDRESS	CITYNTATE	ZIP CODE
NAME.		STREET A	DDRESS	CITY/STATE	ZIP CODE
NUMBER OF SHARES AUTI	HORIZED (Rider may be attac	ched)	NUMBER OF SHARES	S ISSUED AND OUTSTANDING (Ri	der may be attached)
Number of Shares	Class / Scries		Number of Shares	Class / Series	
8000	common		8000	common	
Date 14 /10/	.19 = 7.	Ву.	A Stine he	Sterl	
Form 31 1/95		TITLE OF C	TYPE NAME OF OFFICER SIGNING	550.	্রিকার্য্র
	<u>DESIGNATED</u>	REGISTERED AG	ENT FOR SERVICE	OF PROCESS:	
PLEASE NOTE: If the regis	stered office and/or register	ed agent indicated belo	w is incorrect, Form 9 mu	st be filed.	_

NEIL ARBOR 630 JEFFERSON BLVD WARWICK RI 02886 119 1 5 1995 1995 1995 1995 Filing Fee \$50.00 Payable to State

PLEASE TYPE or PRINT

File Annually LLC: Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

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

Corporate ID:57760	Annual Report for the year: 1994
Name of Business Entity: Zeppelin Industries.	Inc.
Rhode 1	s)and
Business entity organized under the laws of the State of	Business Entity is (check one):
Federal Taxpayer Identification Number:	 [χ] Business Corporation (See RIGL Chapter 7-1.1) — [] Professional Service Corporation (See RIGL Chapter 7-5.1)
For foreign entity, address and telephone number of principal office:	. [] Limited Liability Company (See RIGL 7-16)
N/A	Name, title and mailing address of contact person to whom communications may be directed:
	Shirlie M. Jacob, Secretary
Phone ()	
Address and telephone of the principal office of business entity in Rhod	de
Island (Provide street address - Not P.O. Box).	Brief statement of the character of business conducted in Rhode Island:
630 Old Baptist Road	manufacturing of plastic parts.
North Kingstown, RI 02852	
	Date of Organization:
Phone ()	Date of Qualification to do business in Rhode Island (if foreign entity):
☐ CHIEF EXECUTIVE OFFICER OF A☐ PRESIDENT: Check One)	ES OF THE OFFICERS ARE: STREET ADDRESS CITY STATE ZEP CODE
	368, Melvin Village, NH
COMP OPERATING OFFICER OR ACT. NICE PRESIDENT (CSG), OH	NUMBER ADDRESS CHUNCHER STATE ADDRESS APPLICATE
Trestablan OF RECORDS OF M SECRETARY (See Color Shirlie M. Jacob 41 Newpool	STREST ADDRESS CITYSTATE ZIPCODE
☐ CODE ENANCIAL CIPTORIOS TO TREASURER (CM & ONE)	STRIFT ADDRESS CITY STATE ZOTODE
	368, Melvin Village, NH
	ES OF THE DIRECTORS ARE:
None	STREET ADDRESS COLYGFATE ZIP CODE
NAME	STREET ADDRESS GTYSTATE ZIP CODE
NAME	STREET ADDRESS CHYNIATE ZIPCODE
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 8000.00 0.00 0.00	NUMBER 1000.00 0.00 0.00
CLASS Common	CLASS Common
SERIES	SERIES
PAR VALUE OR _{\$1.00} Par WITHOUT PAR	PAR VALUE OR \$1.00 Par WITHOUT PAR
Date	By Shile my gest
•	Shinlie 11. Jacob PRINT OR TYPE NAME OF OFFICE RESIGNING
	TITLE OF CIFICER SKINING
Ferrita 194	D DECIDENT ACTENT FOR CERVICE OF PROCEED.
DESIGNALED REGISTERED OF	R 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.

Licht, Doris J.

FILED

MAY 1 2 1998

BY <u>AMT#29</u> 3384

.

Mar 12 2 44 PH 34 10

Form 31 10/91

rporate ID67.7.60		Annual Report for th	ne year _{1.9.9.3}
FIRST: The name of t	he corporation isZeppel		
SECOND: It is incorporate	orated under the laws of		
	business, briefly stated, is		
••••	orporation, address of its princ	cipal office	
	ress in Rhode Island .6.3.00.L	d.Baptist.Rd.	
			(Attach rider if necessa
SIXTH: Names and a	iddresses of its directors and o	Ticers: Address (including	number, street, zip code)
	Director	•••••	
	Director		
	Director		•••••
	2President	P.O. Box 368, M	lelvin Village, NH
	Vice Presiden	t	
	a.c.o.lSecretary		NKingstown,RI
Michael Jac		P.O. Box 368, M	Melvin Village, NH
SEVENTH: Number	of Shares authorized:	• •	Par Value or statement that shares are without par value
No. of Shares 8 00 0	CLS common	Series	° 1
Eighth: Number o	of Shares issued:	DEC 17	
No. of Shares	Class	Series 9-711-12.00	(XX
1000	common	<i>\(\)</i>	\$1
DatedDec-1.6.,.1.9.	9.3 19	Zeppalin Ind Ind Name of Corporation)	Jeert
(Decord must be	signed by an officer) T	illeSec.	<i>:</i>

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	67760	•••••••••••••••••••••••••••••••••••••••	An	inual Report	for the yea	r1992
FIRST:	The name of the co	orporation is Zepol				······································
SECOND:	•	d under the laws of		Island	••••••	ic parts.
FOURTH:	If foreign corpor	ration, address of its p	rincipal offic			
Г ІГТН:	Business address in	Rhode Island	•••••••••••••			
630 Dld B	aptist Road	North Kingsto	wn, RI	02852	··········	•••••
Ѕіхтн:	Names and address	ses of its directors and	officers:	Address (in	cluding number,	(Attach rider if necessary)
None	••••••	Director	•••••		·····	
		Director		••••	•••••••	
***************************************	*******************************	Director	*************	••••••••••••••••••••••••••••••••••••••	····	······································
Michael J	acob	President	P.O.	Box 368,	Melvin	Village, NH
**	••••••••••	Vice Preside	ent	••••	****	
Shirlie M	. Jacob	Secretary	41 Ne	wport Av	∍, N. Ki	ngstown, RI
Michael J	acob	Treasurer	P.0.	Bo× 368,	Melvin	Village, NH
SEVENTH No. of Sha		res authorized: Class Common		Series		Par Value or statement that shares are without par value \$1.00 Par
Еіднтн:	Number of Share	s issued:				Par Value or statement that shares are without
No. of Sha 100	res O	Class Common		Series		par value \$1.00 Par
Dated Me	mg . 26		Zepplin (Name of Corporal	Industrio	es, Inc.	······
(Re	port must be signed by	an officer)	Fitle Pres	had far	<i>.</i> \.	•••••

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

Corporate ID67.760		Annual Report for the year1991		
FIRST: The name of t	he corporation isZ.ennl	in Industries, Inc.		
		Rhode Island		
THIRD: Character of		manufacturing of p		
	orporation, address of its p	rincipal office		
630 Old Baptist Ro	ad North Kingsto	wn, RI 02852	······································	
SIXTH: Names and ad	Idresses of its directors and		(Attach rider if necessary) umber, street, zip code)	
None	Director			
	Director			
	Director		•	
Michael Jacob	President	P.O. Box 368, Mel	vin Village, NH	
	Vice Preside	ent		
Shirlie M. Jacob	Secretary	41 Newport Ave, N	. Kingstawn, RI	
Michael Jacob	Treasurer	P.O. Box 368, Mel	vin Village, NH	
SEVENTH: Number of No. of Shares 8000	Shares authorized: Class Common	Senes	Par Value or statement that shares are without par value \$1.00 Par	
EIGHTH: Number of S No. of Shares 1000	Shares issued: Class Common	Series	Par Value or statement that shares are without par value \$1.00 Par	
Dated May 26	19 .93.	Zepplin Industries. (Name of Corporation) By Wuhad and		
(Report must be sign	ned by an officer)	Title President	·····	

Form 31 1/85

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

Corporate ID 67760	***************************************	Annual Report for the	he year 1990
		lin Industries. Inc.	
		Rhode Island	
		manufacturing of p	
		orincipal office	
N/A	•••••••••••••••••••••••••••••••••••••••		
FIFTH: Business address	s in Rhode Island		······
630 Old Baptist Roa	d North Kingsto	own. RI 02852	
SIXTH: Names and add	resses of its directors an		(Attach rider if necessary) number, street, zip code)
Nane	Director		······
	Director		·-····
	Director		·····
Michael Jacob			lvin Village, NH
	Vice Presid	ent	•••••
Shirlie M. Jacob	Secretary	41 Newport Ave. 1	N. Kingstown, RI
Michael Jacob	Treasurer	P.O. Box 368, Me	lvin Village, NH
	Shares authorized:		Par Value or statement that shares are without
No. of Shares 8000	Class · Common	. Series	per value \$1.00 Par
Eighth: Number of Sh	ares issued:		Par Value or statement that
No. of Shares 1 000	Class Common	Series	shares are without par value \$1.00 Par
Dated Way IL	19 97	Zepplin Industries, (Name of Corporation)	Inc.
(Report must be signe		By Muhael Jawl Title President	

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		Annual Report for	or the year1989
FIRST: The name	of the corporation is Zeppl	in Industries, In	· · · · · · · · · · · · · · · · · · ·
SECOND: It is inco	orporated under the laws of		
THIRD: Character	of business, briefly stated, is	manufacturing o	f plastic parts.
	n corporation, address of its pr	rincipal office	,
630 Dld Baptist	Road North Kingsto	wn, RI 02852	······································
SIXTH: Names and Name	I addresses of its directors and		(Attach rider if necessary) uding number, street, zip code)
None	Director		
	Director		
•••••	Director		
Michael Jacob	President	P.O. Box 368,	Melvin Village, NH
		ent	
	Secretary		, N. Kingstown, RI
	Treasurer		Melvin Village, NH
	r of Shares authorized:		Par Value
No. of Shares BOOO	Class Common	Senies	or statement that shares are without par value \$1.00 Par
Еіднтн: Number	of Shares issued:		Par Value or statement that shares are without
No. of Shares 1000	Class Common	Series	par value \$1.00 Par
Dated May 2	L	Zepplin Industrie (Name of Corporation)	s, Inc.
	F	By Muchael Jacob	
(Report must be	signed by an officer)	Title Privident	······································

Corporate ID	***************************************	Annual Report fo	or the year ¹⁹⁸⁸
FIRST: The name of	the corporation is Zepp1	in Industries, Ind	
SECOND: It is incorp	orated under the laws of	Rhode Island	
THIRD: Character of	business, briefly stated, is	manufacturing o	plastic parts.
FOURTH: If foreign (corporation, address of its p		
	ress in Rhode Island		
	ddresses of its directors and	l officers:	(Attach rider if necessary)
None	Director		
•	Director		
	Director		•
Michael Jacob	President	P.O. Box 368, N	Melvin Village, NH
		ent	
Shirlie M. Jacob			, N. Kingstown, RI
Michael Jacob	Treasurer		
No. of Shares	of Shares authorized:	Series	Par Value or statement that shares are without par value.
8000	Common		\$1.00 Par
EіGнтн: Number of	Shares issued:		Par Value or statement that
No. of Shares 1 000	Class Common	Series	shares are without par value \$1.00 Par
Dated Way 2C	19 92	Zepplin Industries (Name of Corporation)	s, Inc.
	1	By Muhael Jacob	
(Report must be sign	gned by an officer)	Title Cresident	

Corporate ID67760	······································	Annual Report for t	he year 1987
First: The name	of the corporation is Zeppli	n Industries, Inc.	· · · · · · · · · · · · · · · · · · ·
SECOND: It is inc	orporated under the laws of	Rhode Island	
THIRD: Characte	r of business, briefly stated, is	manufacturing of	plastic parts.
N/A	gn corporation, address of its pri	•	
FIFTH: Business a	ddress in Rhode Island		
	Road North Kingstow		
	nd addresses of its directors and o	officers:	(Attach rider if necessary) number, street, zip code)
None	Director		······································
	Director		
	Director		
Michael Jacob	President	P.O. Box 368, Me	lvin Village, NH
	Vice Presiden	ıt	······
Shirlie M. Jaco	b Secretary	41 Newport Ave,	N. Kingstown, RI
Michael Jacob	Treasurer	P.O. Box 368, Me	lvin Village, NH
SEVENTH: Number	er of Shares authorized:	Series	Par Value or statement that shares are without \$1 Par Yalue
EIGHTH: Number	of Shares issued: Class Common	Senes	Par Value or statement that shares are without \$1.000000000000000000000000000000000000
Dated May 26		epplin Industries, ame of Corporation) Washeel food	Inc.
(Report must b	e signed by an officer) Ti	ile Kresident	

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

1.7760

Corporate ID. 33797	VIDENCE, RHODI	Annual Report	for the year	1986
FIRST: The name of the corporation is				
SECOND: It is incorporated under the		Rhode Island		
THIRD: Character of business, briefly s	stated, is	manufacturing	of plastic	parts.
FOURTH: If foreign corporation, addre	ess of its princi	-		
FIFTH: Business address in Rhode Isla	nd		•••••	······
Old Baptist Road, North Kir	ngstown,	RI 02852	***************************************	·····
SIXTH: Names and addresses of its dire	ectors and offi		(A luding number, street, z	ttach rider if necessary)
None D	irector			•••••••••••••••••••••••••••••••••••••••
D	irector		•••••••••••	······································
D	irector		••••••	•••••
Michael Jacob Pr	resident	P.O. Box 368	, Melvin Vi	llage, NH
None Vi	ice President		•••••••••••••••••••••••••••••••••••••••	
Shirlie M. Jacob Se	ecretary	41 Newport Av	ve, N. King	stown, RI
Michael Jacob Tu	reasurer	P.O. Box 368	, Melvin Vi	llage, NH
SEVENTH: Number of Shares authorize	ed:			Par Value statement that res are without
No. of Shares Class	common	, Series		par value 51.00 par
EIGHTH: Number of Shares issued:	06/20/86	JUN 19	_ or	Par Value statement that res are without
No. of Shares Class	→COMMON	Series		prvalue 31.00 par
Dated huy It 1980	CHEK (Name	epplin Industry of Corporation)	ies. Inc.	
(Report must be signed by an officer)	15 Title.	Sherlië)	<i>J</i>	