

Matthew A. Brown, Secretary o, Corporations D 100 North Main Street, Providence, R1 0290. 401.22.

DDOCIT	CORPORATION ANNUAL	DEDODT FOR THE	:xvæ∡n 2005
1 NOTI	CONFORALION ANNUAL	KEPUKI PUK IHP	YEAR -

Filing Period: January I - FORM MUST BE TYPED IN B		Filing Fee: \$50.00					
1. Corporate ID No.	2. Name of Corp	oration			·····		
96154	Exnihilo De						
3. Street Address Principal Busin	ess Office	·—····	City	State	Zip		
2 CHARLES STREET			PROVIDENCE	RI	02904-		
4. Business Phone No. 5. State of Incorporation			ration		6. SIC Code		
4016218277		RHODE ISLA	AND		0		
7. Brief Description of the Chara OPERATION OF A BUSIS	icter of Business Co NBSS COMMUNI	onducted in Rhode Island CATION DESIGN BUS	SINESS.				
8. NAMES AND ADDRESS	ES OF THE OF	FICERS ("X" BOX FOI	RATTACHMENT) FILL IN S	PACES BEFORE USING AT	TACHMENTS		
President Name Steven A. Graceffa			•	Vice President Name			
Sireei Address	· · · · · · · · · · · · · · · · · · ·		• none Street Address	· · · · · · · · · · · · · · · · · · ·			
2 Charles Street			• Sirter Address				
City	State	Zip	City	State	Zip		
Providence	RI	02903		j			
Secretary Name			Treasurer Name		• • • • • • • • • • •		
Steven A. Graceffa	l	·	.Wayne E. Drees	e 			
Sircei Address			Street Address				
2 Charles Street			.74 Canon Forge	Drive			
City	State	Zip	City	State	Zip		
Providence	RI	02903	. Foxborough	MA	02035		
Director Name	SES OF THE DI	RECTORS ("X" BOX F	ORATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS		
n/a			•				
Sireei Address			Street Address				
City	State	Zip	·City	State	Ζίρ		
Director Name	J		Director Name				
Street Address		 	· Street Address				
City	State	Zip	·City	State	Zip		
10. SHARES AUTHORIZE	D ("X" BOX FO	RATTACHMENT)	II SHARES ISSUED (A	I X" BOX FOR ATTACHMEN	70.		
AUTHORIZED SHARES			ISSUED SHARES	TO TO TO THE TOTAL	./ <u>.</u>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
8,000 COMM NO PAR \	/ALUE		300	common	\$1.00		
This report must be signe	d in ink by eith	her the President, Vic	e President, Secretary, Ass.	istant Secretary, Treasi	urer, Receiver or Tr		
	5 4			crjury, I declare and affirm			
96154 DBC 01/12/05	12.50:57 PM			ig any accompanying sched ints contained herein are th	ie and correct.		
File Date		7d27	Signatúrs of Officer	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1-14.05 Date		
Check No APK U	6 2005	· []	-Steven A. (_ <i>i _ j</i>	unt		
By_	1 1/2		Print or Type Name of				
By	<u> </u>		President	, - <u>p</u>			
FOR SECRETARY OF STATE USE ONLY			Title of Officer Form 63				

Enwara 3. inman, 111, secretary of state Corporations Division 100 North Main Street, Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

(FORM MUST BE TYPED IN B	LACK)				
1. Corporate ID No.	2. Name of Corpor	ation .			
96154	Exnihilo De	esign, Inc.			
3. Street Address Principal Busine	ess Office		City	State	Zip
2 Charles St	reet		Providence	RI	02904
4. Business Phone No.		5. State of Incorpora	tion		6. SIC Code
(401) 621–8277 7. Brief Description of the Charac		RHODE ISL in Rhode Island	AND		0
Operation of A 8. NAMES AND ADDRI President Name			Design Business TTACHMENT) FILLIN SPACES I Vice President Name	BEFORE USING ATTAC	CHMENTS
Steven A. Grac	effa				
Street Address 2 Charles St			Street Address		
City	State	Zip	City	State	Zip
Providence	RI	02904			·
Secretary Name		• • •	Treasurer Name		
Steven A. Grac Street Address	effa		Wayne E. Dree	se	
2 Charles St	reet	y	.74 Canon Forg	e Drive	
City	State	Zip	City	State	Zip
Providence	RI	0290 / ;	Foxborough	MA	02035
9. NAMES AND ADDRI Director Name	ESSES OF THE DIR	ECTORS (*X* BOX FOR	ATTACHMENT) FILL IN SPACE Director Name	S BEFORE USING ATTA	ACHMENTS
N/A					
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 AUTHORIZ AUTHORIZE) SHARES	ED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*	X* BOX FOR ATTACHMENT	r)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 COMM NO PAR \	/ALUE	•	300	common	\$1.00

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



File Date:	3.5-a	
Check No.: _	13895	
Ву:	2 ·	
	ARY 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.

Date

Signature of Officer Steven A Graceffa

Print or Type Name of Officer

President
Title of Officer **⊲**⇔ s Form 630 12/01 2. Name of Corporation

1. Corporate ID No.

96154

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

401-222-3040

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK)

Exnihilo Design, Inc.

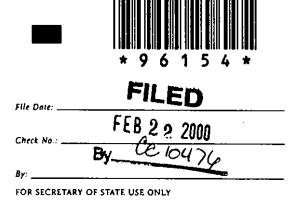


3. Street Address Principal Business	Office			City	State	Zip
4. Business Phone No.	alley	Parkway		Providence	RI	02903 6. SIC Code
7. Brief Description of the Character	7 of Business C	onducted in Rhode	RHODE ISLAND			
Business Comm 8. NAMES AND ADDRES President Name	ses of th	i on and ie officers	design	MENT) FILL IN SPACES BE Vice President Name	FORE USING ATTAC	CHMENTS
Steet Address en A. Gra	ceffa			Street Address	,	
_{Chy} 460 Plesant V	alle y	Parkway	Zip	City	State	Zip
Providence Secretary Name Steven A Gr	. RI		02903	Treasurer Name		
Street Address 400 Place		farkwe,		Wayne E. Dree	se	
City Provided	State	•	^{Zip} 02963	74 Canon Forg	e Drive	Zip
9. NAMES AND ADDRES Director Name	SES OF TH	IÉ DIRECTOI	RŠ <i>ČX+</i> BÓX FOR ATTAI	FOX BOTOURH CHMENT) FILL IN SPACES Director Name	BEFORE USING ATT	ACHMENTS 02035
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 AUTHORIZE AUTHORIZED SHARES	D (*x* BOX	FOR ATTACHME	NT)	11. SHARES ISSUED (*x* ISSUED SHARES	BOX FOR ATTACHMEN	r)
Number of Shares	Class/Ser	les :	Par Value	Number of Shares	Class/Series	Par Value
8,000 COMM NO PA	R VALUE			300	Common	\$1 AA

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

300

Title of Officer



Under penalty of perjury, I declare and affirm that I have examined this report, including and accompanying schedules and statements, and that all, statements cootained herein are true and correct. Signature of Officek/ Date Steven A. Graceffa Print or Type Name of Officer President

Common



\$1.00

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

ST	np)
PLLASE	READ
PHASE	HOSS

(FORM MUST BE TYPED IN B	LACK)				
i. Corporate ID No. 96154	2. Name of Corporation Exnihilo Desi	gn, Inc.	· • • · · · · · · · · · · · · · · · · ·		
3. Street Address Principal Busine	ess Office		City	State	210
460 Pleasant V 4. Business Phone No. (401) 621-8277	alley Parkway	S. State of Incorporation RHODE ISLAND	Providence	RI	02903 6. SIC Code
	nication and de	sign	-	•	·
8. NAMES AND ADDRE President Name Steven A. Grace		ERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTA	CHMENTS
Street Address			Street Address		
460 Pleasant V	alley Parkway				
City	State	Zip	City	State	Zip ·
Providence	RI	02903		ı	
Secretary Name			Treasurer Name	• • • • • • • • • • • • • • • • • • • •	* - *** ** ***************
Peter Moran		•	. Wayne E. Drees	se	
Street Address 47 Mason Stree	t		Street Address 74 Canon Forge	e Drive	
City Hudson	State MA	^{Zip} 01749	Foxborough	State MA	02035
9. NAMES AND ADDRE	SSES OF THE DIREC	TORS (*X* BOX FOR ATTAC	CHMENT) FILL IN SPACE	CES BEFORE USING ATT	ACHMENTS
Street Address			Street Address		· • • • • • • • • • • • • • • • • • • •
, City	State	Zip	÷ City	^e State	Zip
Director Name			Director Name	• • • • • •	.
Street Address			Street Address		
· City	State	Zip	City	State	Zip — -
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED	(°X° BOX FOR ATTACHMEN	7) •)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 COMM NO PA	AR VALUE		300	common	i \$1.00
			•		_ .
• •					
This report must be sig	ned in lnk by eithe	r the President, Vice P	resident, Secretary, As	sistant Secretary, Treas	urer, Receiver or Trustee

	* 9 6 1 5 4 *
File Date:	Jeb 5,99
Check No.:	09076
By:	OF STATE USE ONLY

ng schedules and statements, re true and correct.
1-23-89
Date



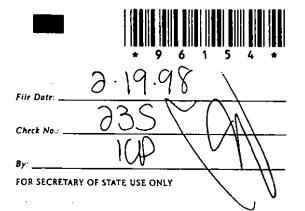
fames R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

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

STOP PLIANT READ INSTRUCTIONS

(FORM MUST BE TYPED IN BL	ACK)				
1. Corporate ID No.	2. Name of Corporation	on.	• • • • • • • • • • • • • • • • • • • •		`
98154 3. Street Address Principal Busines:	Exnihilo Des	sign, Inc.	City	State	Zip
460 Pleasant Val	lley Parkway		Providence	RI	Ó2903
4. Business Phone No. (401) 621-8277		5. State of Incorporation RHODE ISLA			6. SIC Code
7. Brief Description of the Characte Business commun		Rhode Island			
8. NAMES AND ADDRES President Name Steven A. Graces		ERS ("X" BOX FOR ATT	'ACHMENT) 1 Vice President Name		
Street Address			Street Address		
460 Pleasant Val	lley Parkway				
Providence	State RI	02903	City	State	Zip
Secretary Name			Treasurer Name	•	•
Steven A. Grag	effa		Wayne E. Dreese		
Street Address			Street Address		•
460 Pleasant Va			74 Canon Forge Dr	ive	
Providence,	State RI	02903	скіў Foxborough	State MA	zip 02035
9. NAMES AND ADDRES Director Name N/A	SSES OF THE DIREC	CTORS (*x* box for a	TTACHMENT) 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 AUTHORIZE AUTHORIZED SHARES	D (*X* BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED (*)	C BOX FOR ATTACHMENT	r
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
			300	common	\$1.00

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



8,000 COMM NO PAR VALUE

Under penalty of perjury. I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contains thereby see true and correct.

Steven A. Graceffa

Print or Type Name of Officer

President

Title of Officer