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 OR PRINTED IN BLACK)

1. Corporate ID No	2. Name of Corporation			
141459	302, Inc.			
3. Street Address Principal Business Office		City	State	Zip
147 Putnam Pike		Johnston	RI	02919
4. Business Phone No	5. State of Incorporation			6. SIC Code
401-231-7557	MASSACHUSETTS			

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

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

President Name			Vice President Name		
Lynette Allaire			Mark DaPonte		
Street Address			Street Address		
147 Putnam Pike			147 Putnam Pike		
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
Secretary Name			**Treasurer Name**		
Mark DaPonte			Lynette Allaire		
Street Address			Street Address		
147 Putnam Pike			147 Putnam Pike		
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919

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

Director Name			Director Name		
Mark DaPonte			Lynette Allaire		
Street Address			Street Address		
147 Putnam Pike			147 Putnam Pike		
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
Director Name			Director Name		
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*
200,000 $1.00 PAR VALUE			100		$1.00

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

[redacted] [redacted]

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.

1-27-05
Signature of Officer *Date*

Mark DaPonte
Print or Type Name of Officer

Vice-President
Title of Officer

[redacted]

File Date 2/2/05
Check No. 1684
By: DA
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03