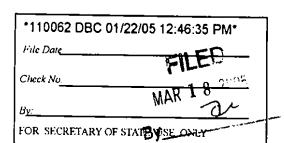


Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

| 110062 | | 2. Nume of Corporation RAG & BONE BINDERY, LTD. | | | | |
|--|-----------------|---|--|---|-----------------|--|
| 3. Street Address Principal Bu | | | City | State | | |
| 1088 MAIN STREET | | | PAWTUCKET | RI | 02860- | |
| 4. Business Phone No. | | 5. State of Incorpor | ration | | 6. SIC Code | |
| 4017810762 | | RHODE ISLA | AND | j | | |
| 8. NAMES AND ADDRE President Name JASON THOMPSON | ALL KINDS OF | HARD-BOIRN AND/OR | R HANDMADE ALBUMS, GUE CONARY, WEDDING INDUST RATTACHMENT) FILL IN SI Vice President Name • ILIRA STEINMAN | STBOOKS, JOURNALS RY, PACES BEFORE USING A | , BOOKS AND OTH | |
| Street Address | | | Street Address | | | |
| 109 11TH STREET | | | ,109 lith STREE | T | | |
| DROUTDENCE | State | Zip | City | State | .2.φ | |
| PROVIDENCE ecretary Name | Į RI | 02906 | PROVIDENCE | !RI | 102906 | |
| JASON THOMPSON | | · | Treasurer Name | | | |
| itreet Address | | | Street Address | | | |
| LO9 11TH STREET | | .109 11TH STREET | | | | |
| iny | State | Zip | City | State | | |
| PROVIDENCE | RI | 02906 | PROVIDENCE | RI | 721p 02906 | |
| 9. NAMES AND ADDRE | SSES OF THE D | IRECTORS ("X" BOX FO | OR ATTACHMENT) FILL IN | SPACES REFORE USING | ATTACHMENTS | |
| | | | Director Name | oranico del ora (di,io | ATTACEMENTS | |
| JASON THOMPSON | | | JILIRA STEINMAN | | | |
| itreet Address | | | Street Address | | | |
| .09 11TH STREET | | | 109 11TH STREET | r | | |
| 'ity | State | Zıp | *City | State | Zip | |
| PROVIDENCE | RI | 02906 | PROVIDENCE | RI | 02906 | |
| Director Name | | | Director Name | .). • • • • • • • • • • • • • • • • • • • | | |
| reci Address | | ^Street Address | | | | |
| ity | State | 72 | City | | | |
| • | i | Zip | · | State | Zip | |
| 10. SHARES AUTHORIZ UTHORIZED SHARES | ZED ("X" BOX FO | | 11. SHARES ISSUED ("X | " BOX FOR ATTACHMEN | <i>m</i> □ | |
| | Class/Series | Par Value | Number of Shares | Class/Series | Par Value | |
| umber of Shares | | ,000 NO PAR VALUE | | | | |



| \wedge | | | | , | ·** |
|----------------------------------|--------------|---------|--------|-----------|-----------|
| Under penalty of perjury, I decl | are and affi | rm that | I have | e examine | :d |
| this report, including any accor | panying sc | hedules | and: | statement | s, |
| and that all statements containe | d heroin are | true an | id cor | rect. | |
| |) | 3 | 12 | 05 | |
| Signature of Officer | | Date | ` | | |
| JASON THOMPS | ON | | | | |
| Print or Type Name of Officer | | | | | |
| PRESIDENT | | | | | |
| Title of Officer | | | | Form | 630 12/01 |



2. Name of Corporation

RAG & BONE BINDERY, LTD.

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

110062

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 1 - March 1 • Filing Fee: \$50.00

3. Street Address Principal Business Office State Zip City 1088 MAIN STREET PAWTUCKET RI 02860-4. Business Phone No. 5. State of Incorporation 6. SIC Code 4017810762 **RHODE ISLAND** 7. Brief Description of the Character of Business Conducted in Rhode Island GENERALLY DEAL IN ALL KINDS OF HARD-BOUND AND/OR HANDMADE ALBUMS, GUESTBOOKS, JOURNALS, BOOKS AND OTHER ARTICLES_AND_ACCESSORIES_SERVING_THE_GIFT._STATIONARY._WEDDING_INDUSTRY._ 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Jason Thompson .Ilira Steinman Street Address Street Address 109 11th Street .109 11th Street City State Žip Čin State Zip RΙ 02906 Providence RI 02906 Providence Secretary Name Treasurer Name Jason Thompson Ilira Steinman Street Address Street Address SAME SAME City `City State Zip State Zιρ 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Jason Thompson Ilira Steinman Street Address Street Address SAME SAME Ċity State State Zip ·City Zip Director Name Director Name Sircei Address ·Street Address City State State City Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Par Value Number of Shares Number of Shares Class/Series Par Value Class/Series 500 common no par 2000 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 genalty 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. *110062 DBC 09/02/03 04:41;30 PM* Signature of Officer Check No. Jason Thompson Print or Bype Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer Form 630 12/01

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR <u>2003</u> 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 110062 RAG & BONE BINDERY, LTD. 3. Street Address Principal Business Office City State ZIP 1088 Main Street RI 02860 Pawtucket 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401) 781-0762 183 RHODE ISLAND

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

1. Bilef Description of the Character of Business Conducted in Rhode Island design, manufacture and sell books and accessories 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Jason Thompson Ilira Steinman Street Address Street Address 109 11th Street 109 11th Street State State 02906 Providence RIProvidence 02906 RI Secretary Name Treasurer Name Jason Thomspon Ilira Steinman Street Address Street Address SAME SAME City State 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Jason Thompson :Ilira Steinman Street Address Street Address SAME SAME City Zip City State State Zip Director Name Director Name Street Address Street Address City State ZipCity State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES

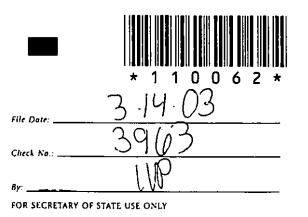
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

ESSUTED SHARES

500

Number of Shares

4₹35 5



Class/Series

Par Value

Number of Shares

2,000 NO PAR VALUE

Under penalty of perjury, I declare and affirm that I have examined this regort, including any accompanying schedules and statements, and that all statement contained herein are true and correct. Signalure of Officer <u>ason Thompson</u> Print or Type Name of Officer President Title of Officer

Class/Series

common

Par Value

no par

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

STOP PLEASE READ INSTRUCTIONS

| Filing Period: Januar | y 1-March 1 • | Filing Fcc: \$50.00 | | | PLEASE I INSTRUC |
|--|----------------------|--|---|---|----------------------|
| FORM MUST BE TYPED IN BL | ACK) | | | | |
| 1. Corporate ID No. | 2. Name of Corpora | tion | | • | _ |
| 110062 | | E BINDERY, LTD. | | | |
| 3. Street Address Principal Busines | | | City | State | Zip |
| 134 Thurbers 6. Business Phone No. (401) 781-742 | 3 | 5. State of Incorporation RHODE ISLAND | Providence | RI | 02905 6. SIC Code |
| Brief Description of the Charact design, manuf | | n Rhode Island sell books and | accessories | | |
| B. NAMES AND ADDRE President Name Jason Thompso | | CERS (*X* BOX FOR ATTACH | MENT) FILLIN SPACES BE Vice President Name Ilira Steinman | FORE USING ATTACH | MENTS |
| ireer Address 109 11th Stre | et | | Street Address 109 11th Stree | e t | |
| Providence | State R I | ^{2ip} 02906 | rovidence | State R I | 02906 |
| ecretary Name | • • • | | Treasurer Name | • | • |
| Jason Thompso treet Address SAME | n | | Ilira Steinnma Street Address SAME | an | |
| City | State | Zip | Clry | State | Zip |
| D. NAMES AND ADDRES Director Name Jason Thompso | | ECTORS ("X" BOX FOR ATTA | CHMENT) FILLIN SPACES I Director Name Ilira Steinman | REFORE USING ATTAC | HMENTS |
| treet Address SAME | •• | | Street Address SAME | • | |
| City | State | Zip . | Cliy | State | Zip |
| Director Name | ••• | | Director Name | | |
| treet Address | | | Street Address | | |
| Sity | State | Zip | . City | State | Zip |
| O. SHARES AUTHORIZE UTHORIZE) SHARES | ED (*X* BOX FOR ATTA | ACHMENT) | 11. SHARES ISSUED ("X" | BOX FOR ATTACHMENT) | |
| lumber of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 2,000 NO PAR VALUE | | | 500 | common | no par |
| | | | | | |

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



| File Date: | (| |
|----------------|------------------|-------------|
| THE DUILE: | li Les and | |
| Check No.: | MAR 0 - 2002 | |
| Ву: | :- 300Unc | <u> </u> |
| OR SECRETARY O | F 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 semiments contained herein are true and correct.

Signature of Officer

Jason Thompson
Print br Type Name of Officer

President

Title of Officer

Form 630 12/01



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

STOP PREASE READ INSTRUCTIONS

| • | |
|-------------------------------|--|
| (FORM MUST BE TYPED IN BLACK) | |

| I. Corporate ID No. 110062 | 2. Name of Corpora RAG & BO | iton Ne bindery, ltd | • | | |
|---|-----------------------------|--------------------------------------|--|----------------------|-----------------------------|
| 3. Street Address Principal Busir | ** | | City | State | Zip |
| 1 Allens Aver 4. Business Phone No. (401) 455-368 | 80 | 5. State of Incorporation RHODE ISLA | | RI | 02903 6. SIC Code 183 |
| 7. Brief Description of the Chara design, manufac | | | sories | | |
| 8. NAMES AND ADDR | ESSES OF THE OFF | ICERS (*X* BOX FOR ATT) | CHMENT) FILL IN SPACES I Vice President Name | BEFORE USING ATTAC | CHMENTS |
| Jason Thomps | on | | Ilira Steinma Street Address | ın | |
| 109 11th Str | eet State | ZIp | 109 11th Stre | et State | ZIp |
| Providence Secretary Name | RI | 02906 | Providence Teasurer Name | RI | 02906 |
| Jason Thomps | on | | Ilira Steinma | ın | |
| street Address 109 11th Str | eet | | Street Address 109 11th Stre | et | |
| cny Providence | State R I | zip 02906 | _{city} Providence | State RI | 7.1p 02906 |
| 9. NAMES AND ADDR | | | | S BEFORE USING ATT | |
| Director Name Jason Thomps Street Address | | LCTORS (A BOA FOR A | Director Name Ilira Steinma | | ACHIVE N 13 |
| 109 11th Str | eet | | 109 11th Stre | et | |
| City | State | Zip | City | State | Zip |
| Providence Director Name | RI | 02906 | Providence Director Name | RI | 02906 |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORI AUTHORIZED SHARES | ZED (*x* BOX FOR AT | (ACHMENT) | 11. SHARES ISSUED (* ISSUED SHARIS | X" BOX FOR ATTACHMEN | r) |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 2,000 C | ommon | No Par | 500 | common | no par |

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



File Dale: 3-13-01

PC+# 458596

By: 458596

FOR SECRETARY OF STATE USE ONLY

Under ponalty 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.

31701

Signature of Officer

Date

Jason Thompson
Print of Tipe Name of Officer

President

Title of Officer