



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)

1. Corporate ID No. 110062		2. Name of Corporation RAG & BONE BINDERY, LTD.	
3. Street Address Principal Business Office 1088 MAIN STREET		City PAWTUCKET	State RI
4. Business Phone No. 4017810762		5. State of Incorporation RHODE ISLAND	6. SIC Code

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 109 11TH STREET			Street Address 109 11TH STREET		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
Secretary Name			Treasurer Name		
JASON THOMPSON			ILIRA STEINMAN		
Street Address 109 11TH STREET			Street Address 109 11TH STREET		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906

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 109 11TH STREET			Street Address 109 11TH STREET		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE			500	COMON	NO PAR

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

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



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110062 DBC 01/22/05 12:46:35 PM

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

MAR 18 2006

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 3/15/05
JASON THOMPSON
Print or Type Name of Officer
PRESIDENT
Title of Officer



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 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 110062		2. Name of Corporation RAG & BONE BINDERY, LTD.			
3. Street Address Principal Business Office 1088 MAIN STREET			City PAWTUCKET	State RI	Zip 02860-
4. Business Phone No. 4017810762		5. State of Incorporation RHODE ISLAND			6. SIC Code
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jason Thompson		Vice President Name Ilira Steinman			
Street Address 109 11th Street		Street Address 109 11th Street			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Jason Thompson		Treasurer Name Ilira Steinman			
Street Address SAME		Street Address SAME			
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Jason Thompson		Director Name Ilira Steinman			
Street Address SAME		Street Address SAME			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2000 COMMON 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



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110062 DBC 09/02/03 04:41:30 PM

File Date

4-1-04

Check No.

5093

By

SC

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 statements, and that all statements contained herein are true and correct.

Signature of Officer

Jason Thompson

Print or Type Name of Officer

President

Title of Officer

3/22/04

Date

Form 630 12/01



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

Edward S. Innan, 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 PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

110062

RAG & BONE BINDERY, LTD.

3. Street Address Principal Business Office

1088 Main Street

City

Pawtucket

State

RI

Zip

02860

4. Business Phone No.

(401) 781-0762

5. State of Incorporation

RHODE ISLAND

6. SIC Code

183

7. Brief 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

Jason Thompson

Vice President Name

Ilira Steinman

Street Address

109 11th Street

Street Address

109 11th Street

City

Providence

State

RI

Zip

02906

City

Providence

State

RI

Zip

02906

Secretary Name

Jason Thompson

Treasurer Name

Ilira Steinman

Street Address

SAME

Street Address

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

Jason Thompson

Director Name

Ilira Steinman

Street Address

SAME

Street Address

SAME

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

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



* 1 1 0 0 6 2 *

File Date: 3-14-03

Check No.: 3963

By: WJP

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 statements, and that all statements contained herein are true and correct.

Signature of Officer

Date

Jason Thompson

Print or Type Name of Officer

President

Title of Officer



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

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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **110062**
2. Name of Corporation **RAG & BONE BINDERY, LTD.**
3. Street Address Principal Business Office
134 Thurbers Avenue, Suite 215
4. Business Phone No. **(401) 781-7423**
5. State of Incorporation **RHODE ISLAND**

City **Providence** State **RI** Zip **02905**
6. SIC Code

7. Brief 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 Jason Thompson	Vice President Name Ilira Steinman
Street Address 109 11th Street	Street Address 109 11th Street
City Providence State RI Zip 02906	City Providence State RI Zip 02906
Secretary Name Jason Thompson	Treasurer Name Ilira Steinman
Street Address SAME	Street Address 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 Jason Thompson	Director Name Ilira Steinman
Street Address SAME	Street Address SAME
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Director Name _____	Director Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	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



* 1 1 0 0 6 2 *

File Date: **MAR 01 2002**

Check No.: **3004**

By: **[Signature]**

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 statements, and that all statements contained herein are true and correct.

[Signature] Date **2/10/02**

Jason Thompson

Print or Type Name of Officer

President

Title of Officer

5



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



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **110062** 2. Name of Corporation **RAG & BONE BINDERY, LTD.**

3. Street Address Principal Business Office
1 Allens Avenue

City **Providence** State **RI** Zip **02903**

4. Business Phone No.
(401) 455-3680

5. State of Incorporation **RHODE ISLAND** 6. SIC Code **183**

7. Brief 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 Jason Thompson Street Address 109 11th Street City Providence State RI Zip 02906	Vice President Name Ilira Steinman Street Address 109 11th Street City Providence State RI Zip 02906
Secretary Name Jason Thompson Street Address 109 11th Street City Providence State RI Zip 02906	Treasurer Name Ilira Steinman Street Address 109 11th Street City Providence State RI Zip 02906

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

Director Name Jason Thompson Street Address 109 11th Street City Providence State RI Zip 02906	Director Name Ilira Steinman Street Address 109 11th Street City Providence State RI Zip 02906
Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
2,000	Common	No Par

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	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.



* 1 1 0 0 6 2 *

File Date: **3-13-01**
RC# **258596**
Check No.:
By: **BMF**

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 statements, and that all statements contained herein are true and correct.

Signature of Officer **Jason Thompson** Date **3/7/01**
Print or Type Name of Officer
President
Title of Officer