



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. 7063		2. Name of Corporation The Map Center, Inc.		
3. Street Address Principal Business Office 671 North Main St		City Providence	State RI	Zip 02904
4. Business Phone No. 401-421-2184		5. State of Incorporation RHODE ISLAND		6. SIC Code 5884
7. Brief Description of the Character of Business Conducted in Rhode Island RETAIL				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Andrew Nosal		Vice President Name Maureen Nosal		
Street Address 38 6th St		Street Address 38 6th St		
City Providence	State RI	Zip 02906	City Providence	State RI
Secretary Name Maureen Nosal		Treasurer Name Andrew Nosal		
Street Address 11		Street Address 11		
City	State	Zip	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
1,000 COMM NO PAR VALUE			100	common
				none

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



File Date	9/1/05
Check No.	013078
By:	JMD
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: Andrew Nosal
Date: _____
Print or Type Name of Officer: Andrew Nosal
Title of Officer: President



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 OR PRINTED IN BLACK)

1. Corporate ID No <u>7063</u>		2. Name of Corporation <u>The Map Center Inc</u>			
3. Street Address Principal Business Office <u>671 North Main St</u>		City <u>Providence</u>		State <u>RI</u>	Zip <u>02904</u>
4. Business Phone No <u>401 421 2184</u>		5. State of Incorporation <u>RI</u>			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island <u>retail sales</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Andrew Nosal</u>			Vice President Name <u>Maureen Nosal</u>		
Street Address <u>38 6th St</u>			Street Address <u>38 6th St</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>
Secretary Name <u>Maureen Nosal</u>			Treasurer Name <u>Andrew Nosal</u>		
Street Address			Street Address		
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			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 ("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
<u>1000</u>	<u>common</u>	<u>None</u>	<u>100</u>	<u>common</u>	<u>None</u>

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

FILED

File Date OCT 08 2004
Check No. By M47140
By: _____

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.

Andrew Nosal 8 Oct 04
Signature of Officer Date
Andrew Nosal
Print or Type Name of Officer
President
Title 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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 7063		2. Name of Corporation The Map Center Inc			
3. Street Address Principal Business Office 671 North Main St			City Providence	State RI	Zip 02904
4. Business Phone No. 401 421 2184		5. State of Incorporation RI		6. SIC Code 5884	
7. Brief Description of the Character of Business Conducted in Rhode Island retail					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Andrew Nosal			Vice President Name Maureen Nosal		
Street Address 671 North Main St			Street Address 671 North Main St		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name Maureen Nosal			Treasurer Name Andrew Nosal		
Street Address ll			Street Address ll		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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	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
1000	Comm	No Par Value	100	Common	none

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

File Date: **10/30/03**

Check No.: **12234 C10369**

By: **kmc**

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.

Andrew Nosal **30 OCT 03**
Signature of Officer Date

Andrew Nosal
Print or Type Name of Officer

pres-
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



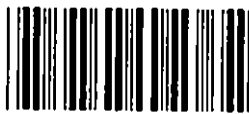
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 7063		2. Name of Corporation The Map Center, Inc.		
3. Street Address Principal Business Office 671 North Main St		City Providence	State RI	Zip 02904
4. Business Phone No. 401-421-2184		5. State of Incorporation RHODE ISLAND		6. SIC Code 5884
7. Brief Description of the Character of Business Conducted in Rhode Island retail sales				
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Andrew Nosal		Vice President Name Maureen Nosal		
Street Address 38 Sixth St		Street Address 38 Sixth St		
City Providence	State RI	Zip 02906	City Providence	State RI
Secretary Name Maureen Nosal		Treasurer Name Andrew Nosal		
Street Address 38 Sixth St		Street Address 38 Sixth St		
City Providence	State RI	Zip 02906	City Providence	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
1,000 COMM NO PAR VALUE			100	Common
				none

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



* 7 0 6 3 *

File Date: 7-22-02
11603
Check No.: 2
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.

Andrew Nosal 19 July 02
Signature of Officer Date

Andrew Nosal
Print or Type Name of Officer

Treasurer
Title of Officer

Form 630 12/01



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



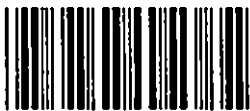
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 7063		2. Name of Corporation The Map Center, Inc.			
3. Street Address Principal Business Office 671 North Main St		City Providence		State RI	Zip 02904
4. Business Phone No. 421-2184		5. State of Incorporation RHODE ISLAND			6. SIC Code 5884
7. Brief Description of the Character of Business Conducted in Rhode Island retail store					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Andrew Nosal			Vice President Name Maureen Nosal		
Street Address 38 6th st			Street Address 38 6th St		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Maureen Nosal			Treasurer Name Andrew Nosal		
Street Address 38 6th st			Street Address 38 6th St		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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	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
1,000 SHS COMM NO PAR VAL			100	com	NO

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



* 7 0 6 3 *

File Date: **10-22-01**
Check No.: **11297**
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.

Andrew Nosal 170501
Signature of Officer Date
Andrew Nosal
Print or Type Name of Officer
President
Title of Officer



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

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 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <u>7063</u>		2. Name of Corporation <u>The Map Center Inc</u>			
3. Street Address Principal Business Office <u>671 North Main St</u>		City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>	
4. Business Phone No. <u>401 421 2184</u>		5. State of Incorporation <u>R.I.</u>		6. SIC Code <u>5884</u>	
7. Brief Description of the Character of Business Conducted in Rhode Island <u>retail</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)					
President Name <u>Andrew Nosal</u>			Vice President Name <u>Maureen Nosal</u>		
Street Address <u>38 6th St.</u>			Street Address <u>38 6th St</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>
Secretary Name <u>Maureen Nosal</u>			Treasurer Name <u>Andrew Nosal</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	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
<u>1000</u>	<u>Common</u>	<u>No par value</u>	<u>100</u>	<u>Common</u>	<u>none</u>

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

File Date: 8-21-00
Check No.: 10709
By: SA

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.

Andrew Nosal 21 Aug 00
Signature of Officer Date
Andrew Nosal
Print or Type Name of Officer
Pres.
Title of Officer



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

James R. Langevin, Secretary of State
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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 7083		2. Name of Corporation The Map Center, Inc.	
3. Street Address Principal Business Office 671 North Main St.		City Providence	State RI
4. Business Phone No. 421 2184		5. State of Incorporation RHODE ISLAND	
6. SIC Code 5884		7. Brief Description of the Character of Business Conducted in Rhode Island retail store	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Andrew Nosal		Vice President Name Maureen Nosal	
Street Address 38 6th St		Street Address 38 6th St	
City Providence		City Providence	
State RI		State RI	
Zip 02906		Zip 02906	
Secretary Name Maureen Nosal		Treasurer Name Andrew Nosal	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares		Number of Shares	
Class/Series		Class/Series	
Par Value		Par Value	
1,000 SHS COMM NO PAR VAL		100 Common none	

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



* 7 0 6 3 *

FILED

File Date: **MAY 27 1999**

Check No.: **By CC 0010127**

By: _____

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.

Andrew Nosal **27 May 99**
Signature of Officer Date

Andrew Nosal
Print or Type Name of Officer

Pres.
Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 7083		2. Name of Corporation The Map Center, Inc.		
3. Street Address Principal Business Office 671 North Main St		City Providence	State RI	Zip 02904
4. Business Phone No. 401 421 2184		5. State of Incorporation RHODE ISLAND		6. SIC Code 5884
7. Brief Description of the Character of Business Conducted in Rhode Island Sales of Maps Atlases Globes charts etc.				
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
President Name Andrew Nosal		Vice President Name Maureen Nosal		
Street Address 38 6th St		Street Address 38 6th St		
City Providence	State RI	Zip 02906	City Providence	State RI
Secretary Name Maureen Nosal		Treasurer Name Andrew Nosal		
Street Address 31		Street Address 31		
City Providence	State RI	Zip 02906	City Providence	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
Director Name None		Director Name None		
Street Address None		Street Address None		
City None	State None	Zip None	City None	State None
Director Name None		Director Name None		
Street Address None		Street Address None		
City None	State None	Zip None	City None	State None
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000 SHS COMM NO PAR VAL			100	Common
				None

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



* 7 0 6 3 *

File Date: **6/3/98**
Check No.: **9537**
By: **Jm**
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.

Andrew Nosal 3 Jun 98
Signature of Officer Date

Andrew Nosal
Print or Type Name of Officer

President
Title of Officer



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

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. 7063		2. Name of Corporation The Map Center, Inc.			
3. Street Address Principal Business Office 671 North Main St		City Providence	State RI	Zip 02904	
4. Business Phone No. 401-421-2184		5. State of Incorporation RHODE ISLAND		6. SIC Code 5884	
7. Brief Description of the Character of Business Conducted in Rhode Island retail sales					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Andrew Nosal			Vice President Name Maureen Nosal		
Street Address 38 6th St			Street Address 38 6th St		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Maureen Nosal			Treasurer Name Andrew Nosal		
Street Address 11			Street Address 11		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name None			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 AND ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS COMM NO PAR VAL			100	common	None

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



* 7 0 6 3 *

File Date: **3.3.97**
Check No.: **8865**
By: **WJ / JCC**

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.

Andrew Nosal 2/28/97
Signature of Officer Date
Andrew Nosal
Print or Type Name of Officer
President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996

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



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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 007063		2. NAME OF CORPORATION The Map Center Inc	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 671 North Main St		CITY Providence	STATE RI
4. BUSINESS PHONE NO. 401-421-2184		5. STATE OF INCORPORATION RI	6. ZIP CODE 02904
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Retail - Maps - Atlases - Charts - Globes			

8. NAMES AND ADDRESSES OF THE OFFICERS		
PRESIDENT NAME Andrew Nosal		
VICE PRESIDENT NAME Maureen Nosal		
STREET ADDRESS 38 6th St		
CITY PROV	STATE RI	ZIP CODE 02906
SECRETARY NAME Maureen Nosal		
TREASURER NAME Andrew Nosal		
STREET ADDRESS 38 6th St		
CITY PROV	STATE RI	ZIP CODE 02906

9. NAMES AND ADDRESSES OF THE DIRECTORS		
DIRECTOR NAME NONE		
DIRECTOR NAME None		
STREET ADDRESS		
CITY	STATE	ZIP CODE
DIRECTOR NAME None		
DIRECTOR NAME None		
STREET ADDRESS		
CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1000	Common	No par value	1000	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 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: **3/20/96**
Check No: **0008353**
By: **ce**
For Secretary of State Use Only

Andrew Nosal
Signature of Officer
Andrew Nosal
Print or Type Name of Officer
Pres.
Title of Officer
3/20/96
Date

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 000 7063 Annual Report for the year: 1995

Name of Corporation: The Map Center Inc

Business entity organized under the laws of the State of: R.I.

For foreign entity, address and telephone number of principal office:

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: (401) 421-2184

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

671 North Main St
Providence RI 02904

Brief statement of the character of business conducted in Rhode Island:

Sales of maps, atlases,
globes, services, etc.

Phone: (401) 421-2184

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>Andrew Nosal</u>	<u>38 6th st</u>	<u>Providence RI</u>	<u>02906</u>
VICE PRESIDENT <u>Maureen Nosal</u>	<u>38 6th st</u>	<u>Providence RI</u>	<u>02906</u>
SECRETARY <u>Maureen Nosal</u>	<u>38 6th st</u>	<u>Providence RI</u>	<u>02906</u>
TREASURER <u>Andrew Nosal</u>	<u>38 6th st</u>	<u>Providence RI</u>	<u>02906</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Andrew Nosal</u>	<u>38 6th st</u>	<u>Providence RI</u>	<u>02906</u>
<u>Maureen Nosal</u>	<u>38 6th st</u>	<u>Providence RI</u>	<u>02906</u>

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares

Class / Series

1000

Common / no par
value

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares

Class / Series

100

Common / no par
value

Date 11/10, 19 95

By: Andrew Nosal

PRINT OR TYPE NAME OF OFFICER SIGNING

Andrew Nosal

TITLE OF OFFICER SIGNING

pres-

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

Andrew Nosal
c/o The Map Center
671 North Main St
Providence RI 02904 11/2/95

FILED
DEC 5 1995
BY 11/2/95

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 000 706 3 Annual Report for the year: 1994

Name of Corporation: The Map Center Inc

Business entity organized under the laws of the State of: R.I.
For foreign entity, address and telephone number of principal office:
Business Entity is (check one):
☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: (401) 421-2184
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
671 North Main St
Providence RI 02904
Brief statement of the character of business conducted in Rhode Island:
sales of maps, globes,
atlases, services, etc.
Phone: (401) 421-2184

THE NAMES OF THE OFFICERS ARE:			
	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	<u>Andrew Nosal</u>	<u>Providence RI</u>	<u>02906</u>
VICE PRESIDENT	<u>Maureen Nosal</u>	<u>Providence RI</u>	<u>02906</u>
SECRETARY	<u>Maureen Nosal</u>	<u>Providence RI</u>	<u>02906</u>
TREASURER	<u>Andrew Nosal</u>	<u>Providence RI</u>	<u>02906</u>

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NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
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<u>1000</u>	<u>common</u> <u>no par value</u>	<u>100</u>	<u>common</u> <u>no par value</u>

Date: 11/10, 19 95 By: Andrew Nosal

Form 31 1/95
PRINT OR TYPE NAME OF OFFICER SIGNING: Andrew Nosal
TITLE OF OFFICER SIGNING: pres

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.
Andrew Nosal
c/o The Map Center
671 North Main St
Providence RI 02904
FILED
DEC 5 1995
By: [Signature]
157193

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 00007063 Annual Report for the year: 1993

Name of Corporation: The Map Center Inc

Business entity organized under the laws of the State of: R.I.
For foreign entity, address and telephone number of principal office:

Business Entity is (check one):
☒ Business Corporation (See RIGL Chapter 7-1.1)
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Date: 11/10, 1995 By: Andrew Nosal
PRINT OR TYPE NAME OF OFFICER SIGNING: Andrew Nosal
TITLE OF OFFICER SIGNING: pres.

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

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Andrew Nosal
c/o The Map Center
671 North Main St
Providence RI 02904

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BY [Signature]
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Date: 11/10, 1995 By: Andrew Nosal
PRINT OR TYPE NAME OF OFFICER SIGNING: Andrew Nosal
TITLE OF OFFICER SIGNING: pres.

Form 31 1/95 DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

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Andrew Nosal
c/o The Map Center
671 North Main St
Providence RI 02904

FILED
DEC 5 1995
By J.B.H.
152193

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Date: 11 / 10, 19 95 By: Andrew Nosal
PRINT OR TYPE NAME OF OFFICER SIGNING: Andrew Nosal
TITLE OF OFFICER SIGNING: pres.

Form 31 1/95
DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:
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Andrew Nosal
c/o The Map Center
671 North Main St
Providence RI 02904

FILED
DEC 5 1995
By: [Signature]
152193

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: 0007063 Annual Report for the year: 1990

Name of Corporation: The Map Center Inc

Business entity organized under the laws of the State of: R.I.

For foreign entity, address and telephone number of principal office:

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

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Phone: (401) 421-2184

Brief statement of the character of business conducted in Rhode Island:

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NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class / Series
<u>1000</u>	<u>common</u> <u>no par value</u>

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
<u>100</u>	<u>common</u> <u>no par value</u>

Date: 11/10, 1995

By: Andrew Nosal
Andrew Nosal
PRINT OR TYPE NAME OF OFFICER SIGNING
TITLE OF OFFICER SIGNING pres.

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

Andrew Nosal
c/o The Map Center
671 North Main St
Providence RI 02904

FILED
DEC 5 1995
By _____

Filing Fee \$15.00

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

DU

Corporate ID 7063 Annual Report for the year 1989

FIRST: The name of the corporation is The Map Center, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Retail Sales

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 204 Broad Street
Providence, R.I. 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Andrew Nosal</u>	<u>Director</u>	<u>89 Wood Street, Prov., R.I. 02909</u>
<u>Mawreen Nosal</u>	<u>Director</u>	<u>" " "</u>
	<u>Director</u>	
	<u>President</u>	
	<u>Vice President</u>	
	<u>Secretary</u>	
	<u>Treasurer</u>	

SEVENTH: Number of Shares authorized:

No. of Shares 1000 Class Common Series

Par Value
or statement that
shares are without
par value
No Par Value

EIGHTH: Number of Shares issued: N/A

No. of Shares Class

PAID
JAN 20 1990
SECY OF STATE

Par Value
or statement that
shares are without
par value

✓ Dated 18 Dec 1989

The Map Center, Inc.
(Name of Corporation)

✓ By Andrew Nosal

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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 7063 Annual Report for the year 1988

FIRST: The name of the corporation is The Map Center, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Retail Sales

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 204 Broad Street
Providence, R.I. 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Andrew Nosal</u>	<u>Director</u>	<u>89 Wood Street, Prov., R.I. 02909</u>
<u>Maureen Nosal</u>	<u>Director</u>	<u></u>
	<u>Director</u>	<u></u>
	<u>President</u>	<u></u>
	<u>Vice President</u>	<u></u>
	<u>Secretary</u>	<u></u>
	<u>Treasurer</u>	<u></u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>1000</u>	<u>Common</u>		<u>No Par Value</u>

EIGHTH: Number of Shares issued: N/A

No. of Shares	Class	Series	Par Value or statement that shares are without par value
		<u>PAID</u>	
		<u>JAN 20 1989</u>	

✓ Dated 18 Dec 19 88

SECY OF STATE
The Map Center, Inc.
(Name of Corporation)

✓ By Andrew Nosal

Title President

(Report must be signed by an officer)