

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

Form 630 Rev. 12/03

Matthew A. Brown, Secretary of State

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 7063 The Map Center, Inc. 3. Street Address Principal Business Office Providence Nortz (hain St 5. State of Incorporation 6. SIC Code RHODE ISLAND 5884 7. Brief Description of the Character of Business Conducted in Rhode Island 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Street Address Street Address Street Address Sircei Address City City 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address Director Name Street Address Street Address City Zip State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Par Value Class/Series Number of Shares Par Value Class/Series 1,000 COMM NO PAR VALUE common none 100 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. Signature of Officer R SECRETARY OF STATE USE ONLY 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

filing Period: January 1 - March 1 🛒 🍨 🥏	Filing Fce: \$50.00
FORM MUST BE TYPED OR PRINTED IN BLACK)	

FOR SECRETARY OF STATE USE ONLY

(FORM MUST BE TYPED OR PRINT	TED IN BIACK)	-			
1. Corporate ID No. 7063	2. Name of Corporation	nas Center	Inc		
3. Street Address Principal Business Of	Main St		Inc corprovidence	State R (02904
4. Business Phone No 4014212	184	5. State of Incorporation			6. SIC Code
7. Brief Description of the Character of		bode Island		-	
8. NAMES AND ADDRESSES President Name			HMENT) FILL IN SPAC	ES BEFORE USING AT	TACHMENTS
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Pravidence	State L	2ip 02906	Maureen Street Address 38 a	State R1	21p 02906
Secretary Name Mwreen		***************************************	Treasurer Name	Nosal	
Street Address			Street Address		
City	State	Zip	Cuy	State	Zip
9. NAMES AND ADDRESSES Director Name	OF THE DIRECTORS	S: ("X" BOX FOR ATT	ACHMENT) FILL IN SP. Director Name	ACES BEFORE USING	ATTACHMENTS
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City	State	Z.lp	City	State	Zip
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Number of Shares	Class/Series .	Par Value	Number of Shares	Class/Series	Par Value
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This report must be s	igned in ink by eithe	er the President, Vice Pr	esident, Secretary, Assistant S	ecretary, Treasurer, Rec	eiver or Trustee
~~ ——				I declare and affirm that I ying schedules and stateme	
			contained herein are true	and correct.	•
File Date OCT 08 20	U1		Signature of Officer	Nosal	Date
Check No.	<u>D</u>		Andrew	Nosal	

Print or Type Name of Officer President

Title of Officer



FOR SECRETARY OF STATE USE ONLY

Corporations Division: 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

TROFII CORPORAL	1014	ANNUAL REPORT	ron	IIIL	LLAI
Filing Period: Ianuary 1-March	1 •	Filing Fee: \$50.00			

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(FORM MUST BE TYPED IN) 1. Corporate ID No.	2. Name of Corporation	<u></u>			
7063	The 1	has Center In	C		
3. Street Address Principal Busil	ness Office	5. State of Incorporation	City	State	710
4. Business Phone No.	VOITE MA	15. State of Incorporation	Monde	12	6. SIC Code
401 421	12184	RI			5884
7. Brief Description of the Char-	acter of Business Conducted in	Rhode Island			-
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Providence	Worth	02904	City Providence	Nortz Ma e State RI en Nosal	02904
le , s	en Nosal		Treasurer Name	en Nosal	
Street Address	įl		Street Address	('	
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				erjury, I declare and affirm	
				ig any accompanying scheo contained herein are true a	
File Date:	30/03		<i></i>		
1 2 2	2 (0 0 10)2	(-0	Signature of Officer	Wood. W Nosal	300cT 03
Check No.:	54 C(U)	Ψ <u>Ψ</u>		Wosal	
Ru	kmi	\ \	Print or Type Name of O	fficer	<u>-</u>

2162-

Title of Officer



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

STOP.
PLEASE READ INSTRUCTIONS

FORM MUST BE TYPED IN BLAC					13318
Corporate ID No. 7063	2. Name of Corporation The Map Cente				
- 	orth Mai		Providence	State R (02904
Business Phone No. 401- 4 Brief Description of the Character	21-2184	S. State of Incorporation RHODE ISLAND		,	6. SIC Code 5884
r	ctail sale	20			
sident Name		RS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES Vice President Name		MENTS
Andrew en Address 38 Six-		· · · · · · · · · · · · · · · · · · ·	: Street Address	n Nosal	· · · · · · · · · · · · · · · · · · ·
Providence		02906		ixth st we state R1	02906
retary Name	!		Treasurer Name		02906
	n Nosal	· · · · · · · · · · · · · · · · · · ·	Street Address	new Nosal	
38 Sixt Providence	o State R1	02906	Praviden	Sixth St	121p 02906
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y [2]6]**!	State :	Zip	City	State	Zip
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Check No.:	110	003).		
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FOR SECRETARY O	F STATE USE (ONLY		-1	

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.

andres	n Nosel 19Ju	16
Signature of Officer	Date	/ —
Λ I	·	

Print or Type Name of Officer

treasurer

Title of Officer

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 BLAC		ing ree. \$30.00	•		TXSTRUCTION
. Corporate ID No. 7063	2. Name of Corporation The Map Cer				<u> </u>
Street Address Principal Business C	orth Mai	n St.	Providence	State R1	02904
Husiness Phone No. 421-2189		S. State of Incorporation RHODE ISLAN		· · · · · · · · · · · · · · · · · · ·	6. SIC Code 5884
	of Business Conducted in Ri	node Island	, , , , , , , , , , , , , , , , , , , ,	, ,	
NAMES AND ADDRESS		RS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES BEF	ORE USING ATTACH	MENTS .
ANrew	Nosal		Vice President Name Nauren	Nosal	
reel Address 38 6t2 8	<i>†</i>	•	Street Address 38 6th	·	
Providence	State R1	02906	Providence		02906
ecretary Name Mauren		:	Treasurer Name Andrew	Nosa	
treet Address	2 st		Street Address 38 67		
Providence	State R 1	02906	cir Providence	State R1	02906
. NAMES AND ADDRESS	ES OF THE DIREC	TORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES B	EFORE USING ATTAC	HMENTS
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·	·		<u></u> :	•	•
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ity 15 ect i	State	Zip	City	State	Zip :
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treet Address			Street Address		
Sity	State	Zip	City	State	Zip
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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his report must be signe	d in ink by either	the President, Vice	President, Secretary, Assistar	nt Secretary, Treasu	er, Receiver or Trust
	(3) 3:	· •			¥ ⊋



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

STOP; PLEASE READ INSTRUCTIONS

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(FORM MUST BE TYPED IN 1. Corporate ID No.	2. Name of Corporation				
7063	The M	ap Center	line		
3. Street Address Principal Bysi	ness Office	1/2 <u>Cert 101</u>	Ticity	State	Zip
671 N	orth Mai		Praidence	o RI	02904
4. Business Phone No.		5. State of Incorporation	·	<u> </u>	6. SIC Code
40142	1 2189	<u>R.</u> ,	<u>/</u>		5884
•	acter of Business Conducted in Ri	ende Island	•		
·	· '. · · · · · · ·	DC /eve pow con arrivous	(California)		
President Name	RESSES OF THE OFFICE	RS ("X" BUX FOR ATTACHM	IbN () () Vice President Name	- •	
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Street Address			: Street Address		
38 67	<u>ጐ 5ተ.</u>		38	6th St	
City Providen	State	Zip	City Day 1	State	1210
	ce R1	02906	Treasurer Name	ce R1	02906
Secretary Name	en Nosal		A-	drew Nos	. /
Street Address	en nosai		Street Address	<u> 1005</u>	<u>a.(</u>
			•		
City	State	Zip	City	State	Zīp
·	RESSES OF THE DIRECT	TORS ("X" BOX FOR ATTAC			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	ZIP
Director Name			Director Name	•••••••••••••	
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City	State	Zip	City	State	
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10. SHARES AUTHOR	IZED ("X" BOX FOR ATTACI	IMENT)	11. SHARES ISSUED (X' BOX FOR ATTACHMENT)	
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This report must be a	doned in into he sish as	the Deseident Vice De	rocidant Corretant Acci	ctant Secretary Transcura	Deceiver or Trusta
inis report must be s	igned in ink by either	tine riesident, vice ri	esident, secretary, ASSI	stant Secretary, Treasurer	, receiver or muste



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 BLAC					
T. Corporate ID No. 7083	2. Name of Corporation The Map Cente	or, Inc.			<u> </u>
3. Street Address Principal Business (Office		City -	State	Zip
671 North	Main St	e Baran kan ing Kanasan	Providence	e.Rl.	02904
42121	84	5. State of Incorporation RHODE ISLAND			5884
7. Brief Description of the Character	•	ode Island	-		
8. NAMES AND ADDRESS	•	RS (*x* BOX FOR ATTACHS		BEFORE USING ATTACHM	IENTS
Anda 1	local		Vice President Name Mao	reen Nos	a /
Street Address 38 6th			Street Address	38 6th	St-
Providence	State R1	^{2ip} 02906	City Providence	e R1	02906
Secretary Name	Maureen		Treasurer Name	· · · · · · · · · · · · · · · · · · ·	,
Street Address	1/1001 EEn	100 Fa (Street Address	ew Nosa	
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS Director Name	SES OF THE DIRECT	ORS ("x" box for attac	HMENT) · FULL IN SPACE Director Name	S BEFÖRE USING ATTACI	EMENTS -
Street Address			Street Address		
City	† State –	Žip	Cliy	State	Zip
Director Name	•	••	Director Name		
Street Address		•	Street Address	· · · · · · · · · · · · · · · · · · ·	
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	D (*X* BOX FOR ATTACH	MENT)	11. SHARES ISSUED C	X BOX FOR ATTACHMENTI	· · · ·
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must be sign	ed in ink by either	the President, Vice P	resident, Secretary, Assi	stant Secretary, Treasure	r, Receiver or Trustee
				•	
. [188]]]	1911 EENE GRAA IIII 18 6 1				

	* 7 0 6 3 *	Under penalty of perjury, I declare and affirm that I have examined	
File Date:	FILED	this report, including any accompanying schedules and statements, are that all statements contained herein are true and correct.	
Check No.:	MAY 2 7 1999	Signature of Officer Noval 27 May 99	_
	By CC 0010127	Print or Type Name of Officer	-
FOR SECRETARY	OF STATE USE ONLY	Title of Officer	_



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

STOP,
PLEASE READ,
INSTRUCTIONS

. Corporate ID No.	2. Name of Corpore	ation			
7063	The Map Co	enter, Inc.	.•		
Street Address Principal Bu			City	State	Zip
671 Nort	2 Main St		Providence	e RI	02909
Business Phone No. 421	2184	5. State of Incorporation RHODE ISLANI			6. SIC Code 5884
Brief Description of the Chi	aracter of Business Conducted A P S		beo chart	s at-	
NAMES AND ADD		ICERS ("X" BOX FOR ATTAC		3 812 -	
esident Name	4	·	Vice President Name		
	ew Nosal	· .	Maur	een Nosa	\mathcal{J}
eel Address	sta st		· Street Address	6th st	
"Providen	ce state	02906	Providen	State	0290
cretary Name			Treasurer Name		
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eet Address		ECTORS (*X* BOX FOR ATT.	Director Name	State	Z/p
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* 7 0 6 3 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date: 0/3/98 Check No.: 9537	that all statements contained herein are true and correct. - World World 3 Jun 98 Signature of Officer Date
FOR SECRETARY OF STATE USE ONLY	Andrew Nosal Print or Type Name of Officer 15 resident Title of Officer



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. 2. Name of Corporation 7063 The Map Center, Inc. 3. Street Address Principal Business Office Providence State 02909 . State of Incorporation 6. SIC Code **RHODE ISLAND** 5884 7. Brief Description of the Character of Business 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name Maureen City State City State ZIP 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Vone Street Address Street Address City Zip City Zip Director Name Director Name Street Address Street Address City State Zip City State Zip 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) 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 None common This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Check No.:

Signature of Officer

Print or Type Name of Officer

Title of Officer

Title of Officer

Under penalty of perjury, I declare and affirm that I have examined

PROFIT CORPORATION **ANNUAL REPORT**

1996



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

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

1. CORP	ORATE ID	HO.
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1. CORPORATE ID NO.	2. NAME OF CORPORATION	PLEASE TIPE UN PH	INT IN BLACK INK.		
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OO 7063 3. STREET ADDRESS PHINCIPAL BUSINESS CAP 6.71 3. BUSINESS PROVE NO.	North 1	Main St	Providen	Le RI	02904
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This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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<u>.</u>		,	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		Signature of Officer
Check No:	0008353.		- Andrew Nosal

Title of Officer

For Secretary of State Use Only

Check No:

By:

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

WHINOUT KELOKI

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.

	e completed in For				
Corporate ID:	000 7063		Annual Report for	the year:	
Name of Corporation:	The Map	Cent	erlac		 .
Business entity organized under th		<u> </u>	Business Entity	is (check one):	
For foreign entity, address and tel	ephone number of principal offic	ce:	[X] Business C	Corporation (See RIGL Chapter	7-1.1)
			•	al Service Corporation (See RIC	
			Brief statement	of the character of business con	ducted in Rhode Island:
Phone: (401) 421-2	-(84				
Address and telephone of the prin	·	Rhode	<u>sales</u>	of maps, ay	(ases
Island (Provide street address - No 674/V o	orth Main St		a loh	es services	ete.
	nce R1 0290				
Phone: (401) 421-	2184				
	THE A	LANCE OF T	HE OFFICERS AT	DE.	
PRESIDENT		STREET AD	HE OFFICERS AF DRESS	CTTY/STATE	ZIP CODE
Andrew	Nosal	38 61		Providence	RI 02906
VICE PRESIDENT	A	STREET ADI		CITYATATE	ZIP CODE
SECRETARY / Car reco	Nosal	_58 6	か sト	Providence	E1 02906 ZP CODE
	reen Nosal		5h 5H	_	R(02906 2000E
TREASURER		STREET AD	DRESS	•	
MAGEW	Nosal		5th 5t		RI 02906
NAME	THE NA	MES OF TH	IE DIRECTORS A	CITYSTATE	ZIP CODE
Andren	Nosal	38 6	12 St	Providence	R1 02906
Marre es		STREET AD	· ,	CITYSTATE	ZIP CODE
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Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

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 Corporate ID:OOO 706 3	FORM WILL BE RETURNED. Appual Report for the year: 1994
Name of Corporation: The Map Center	In C
Name of Corporation:	Business Entity is (check one):
Business entity organized under the laws of the State of:	Business Corporation (See RIGL Chapter 7-1.1)
For foreign entity, address and telephone number of principal office:	Professional Service Corporation (See RIGL Chapter 7-5.1)
	Brief statement of the character of business conducted in Rhode Island:
Phone: (401) 421-2184	sales of maps, globes,
Address and telephone of the principal office of business entity in Rhode	
Island (Provide street address - Not P.O. Box):	atlanes services etc.
671 North Main St	
frondence R1 02904	
Phone: (401) 421-2184	
THE NAMES OF	THE OFFICERS ARE: ADDRESS CITYSTATE AD GOOG
Andrew Nosal 38 Gtm S	ADDRESS CITY/STATE ZIP CODE
Marcen Nosal 38 6th 5	ADDRESS PRIVICENCE RI 02906 COTYSTATE ZIPCODE
SECRETARY	ADDRESS
TREASURER	ADDRESS CITY/STATE
Andrew Nosal 386th 5	
CTREST	THE DIRECTORS ARE: CAPACITY CODE CITYSTATE ZIP CODE
Andrew Nusa 38 6	TADDRESS CHYSTATE CD 906
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Date 11/10, 19 95 By:	andrew Nosal
ϵ	FOR TYPE NAME OF OFFICER SIGNING AND CON NOS.
Form 31 1/95	OF OFFICER SIGNINO Pres-
DESIGNATED REGISTERED	AGENT FOR SERVICE OF PROCESS:
PLEASE NOTE: If the registered office and/or registered agent indicated t	below is incorrect, Form 9 must be filed.
Andrew Nosal	DEC
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State of renode island and riovidence random Office of The Secretary of State 100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

Please Type or rimit File Annually - Jan. 1 - March 1 Filing Fee \$50.00 Make Checks Payable to: Secretary of State

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or foreign entity, address and telephone nur	nber of principal office.	Professional Service Corporation (See RIGL Chapter 7-5.1)
		Brief statement of the character of business conducted in Rhode Island:
Phone: (401) 421-2184		
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stand (Provide street address - Not P.O. Box	x):	atlases services etc.
1671 North M.	02904	
Troviounce is		
Phone: (401) 421-2184		
	THE NAMES OF	THE OFFICERS ARE:
PRESIDENT	STREET A	ADDRESS OI 15 GAZ
Andrew Nosal	38 6th S	+ Providence RI 02906
VICE PRESIDENT		ADDRESS () (() () () ()
Maureen Nosal	38 6th 5	ADDRESS
Mauseen Nosal TREASURER Andrew Nosal	38 6th 5	t Providence RI 02906
TREASURER	3867-51	ADDRESS
Andrew Nosal	5061531	7 7 6 7 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
NAME	THE NAMES OF I	THE DIRECTORS ARE: ADDRESS CITY/STATE ZIP COD
Andrew Nosa	38 6	ADDRESS CITYSTATE CD 906
Andrew Nusa Maureen Nusa	STREET	thist Providence RI 02906
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NAME	31,221	
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or foreign entity, address and telephone number of principal office:	Business Corporation (See RIGL Chapter 7-1.1)
	[] Professional Service Corporation (See RIGL Chapter 7-5.1)
	Brief statement of the character of business conducted in Rhode Island:
hone: (401) 421-2184	sales of Maps, globes,
address and telephone of the principal office of business entity in Rhode	
sland (Provide street address - Not P.O. Box):	atlases, services etc.
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Phone: (401) 421-2184	
THE NAMES OF THE	TE OFFICERS ARE: CITY/STATE CITY/STATE CITY/STATE CITY/STATE
Andrew Nosal 38 6th St	DRESS CITY STATE ZIP CODE
/ICE PRESIDENT	VI / // /// ///
TOTAL PARTY	DRESS CITYSTATE ZUP CODE
Maureen Nosal 38,6th St TREASURER STREET AD	
TREASURER STREET AD	Previdence RI 02906
Andrew Nosal 386tz St	
	DIRECTORS ARE: ORESS CITYSTATE ZIP CODE
Andrew Nusal 38 6+	roy we re RI () 906
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Form 31 1/95 TITLE OF	GENT FOR SERVICE OF PROCESS: Day is incorrect. Form 9 must be filed.
DESIGNATED REGISTERED AC	GENT FOR SERVICE OF PROCESS:
PLEASE NOTE: If the registered office and/or registered agent indicated belo	w is incorrect, Form 9 must be filed.
Λ	TILED
Andrew Nosal	DEC 5 1995
c/o The Map Cent	By 3 1995

671 North Main St Pro-v. Jenie R1 02904

401-277-3040

riease type or raince 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:	Annual Report for the year:
Name of Corporation: The Map Center Business entity organized under the laws of the State of: £1. 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)
	Brief statement of the character of business conducted in Rhode Island:
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 Older St	stes of mups, globes,
swidence R1 02904	
Phone: (401) 421-2184	
THE NAMES OF	THE OFFICERS ARE: ZIP CODE
PRESIDENT	ADDRESS OF THE PROPERTY OF THE
VICE PRESIDENT	ADDRESS (11) SALE
SECRETARI 2 / -	ADDRESS
TREASURER STREET	ADDRESS
	THE DIRECTORS ARE:
STREET	ADDRESS
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NAME STREET	T ADDRESS CITY/STATE ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
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PRINT	OR TYPE NAME OF OFFICER SIGNING ANDrew Nosal
Form 31 1/1/3	OPPOPTICE OF PUCCESS.
DESIGNATED REGISTERED	AGENT FOR SERVICE OF PROCESS:
PLEASE NOTE: If the registered office and/or registered agent indicated to Andrew Nosal	FILED
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671 Nirth	Main
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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 M	UST BE COMPLETED IN F			_	
Corporate ID:	0007063		Annual Report for the	: year: 1990	
Name of Comoratio	n: The Map	Center 1	nc	·	
Business entity organiza	ed under the laws of the State of:	2.1.	Business Entity is ((check one):	· ·
	ess and telephone number of principal of		· ·	poration (See RIGL Chapter 7-1	I.1)
		<u> </u>		Service Corporation (See RIGL	
		.	Brief statement of t	the character of business conduc	cted in Rhode Island:
Phone: (401) 4			- 10-		
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	nce RI 02904			,	
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Phone: X 1017 1				,	
PRESIDENT	THI	E NAMES OF TH STREET ADDI	E OFFICERS ARE	CITYSTATE	ZIP CODE
Andrew	Nosal 38	6th St		Providence RI	02906
VICE PRESIDENT	Nosal 38	STREET ADDI		CITY/STATE	21 COOE 1 02906
Marren		STREET ADDI		O CHYSTATE	ZIP CODE
Maureen	- Nosal 38			ravidence RI	02906 ZP CODE
Andrew	Nosal 38	5 6 th 5 th		Pravidence R	
NAME	THE	NAMES OF THE	E DIRECTORS ARI	E:	ZIF CODE
Andrew	Nosa	38 6th	- i A	vidence RI	02906
Mame Mawre	en Nosal"	38 6th		CITYSTATE	2000E
NAME	-en /00/sai	STREET ADD	RESS PY	CONTRACTE KI	02906 21 CODE
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State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

•		PROVIDENCE, RHOD	N STREET E ISLAND 02903	\mathcal{D}
Corporate II	7063	······	Annual Report for the ye	ar 1989
First:	The name of the co	rporation is The Ma		
SECONE	o: It is incorporated	under the laws of	Rhode Island	
Third:			Zetnil Sales	
Fourt	н: If foreign corpora	ation, address of its princi	pal office ~/A	•
Г І Г ТН:	Business address in		Broad Street widence, R.I. C	
Sixth	Names and address	es of its directors and offi	,	
	Name	Office	Address (including number	
Andre	w Nosal	Director	89 Wood Street,	Prov. R.I. oz
Moure	en Nosal	Director	<i>y</i> ₁	4
,	·····	Director		
••••••	***************************************	President		
	•••••	Vice President		
	•••••	Secretary		
*************	•••••	Treasurer		
Sevent	н: Number of Share	es authorized:		Par Value
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Еібнтн	: Number of Shares	s issued: W/A	10N 20 1990	Par Value or statement that
No. of Si	hares	Class	Series SEC'Y OF STATE	shares are without par value
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		Rv A	andrew 11	coal
(D	Report must be signed by		President	The state of the s

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

Director Director President Vice President Secretary Treasurer Seventh: Number of Shares authorized: No. of Shares 1000 Class Common Series Far Value Or statement that shares are without par value No. of Shares Class Par Value Or statement that shares are without par value No. of Shares Class Par Value Or statement that shares are without par value Series Par Value Or statement that shares are without par value Par Value Or statement that shares are without par value Par Value Or statement that shares are without par value The No. of Shares Series Par Value Or statement that shares are without par value Par Value Or statement that shares are without par value The No. of Shares Series Par Value Or statement that shares are without par value Par Value Or statement that shares are without par value Par Value Or statement that shares are without par value Par Value Or statement that shares are without par value Par Value Or statement that shares are without par value No. of Shares Or statement that shares are without par value No. of Shares No. of Shares No. of Shares Or statement that shares are without par value No. of Shares	Corporate ID. 7063	Annual Report for the yea	ır 1988
THIRD: Character of business, briefly stated, is Rescail Sales FOURTH: If foreign corporation, address of its principal office. FIFTH: Business address in Rhode Island Zey Broad Street Proviolence RI - 030 3 SIXTH: Names and addresses of its directors and officers: Name Address (including number, street, up code) Andrew Nosal Director Director President Vice President Vice President Vice President Secretary Treasurer Seventh: Number of Shares authorized: No. of Shares 1000 Class Common Series Par Value of statement dat of statement data of statement da	FIRST: The name of the corporation is	The Map Center, Inc.	
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