



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. 104261		2. Name of Corporation CG Marketing, Inc.			
3. Street Address Principal Business Office 52 Seaview Ave.			City Cranston	State RI	Zip 02905
4. Business Phone No. 401-461-2673		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO MARKET, DISTRIBUTE, IMPORT, SELL AT WHOLESALE OR RETAIL, OR OTHERWISE DEAL IN OR WITH PRODUCTS OF EVERY NATURE, KIND OR MANNER.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Carole Ann Saracco			Vice President Name Thomas N. McFadden		
Street Address 52 Seaview Ave.			Street Address 52 Seaview Ave.		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
Secretary Name Carole Ann Saracco			Treasurer Name Carole Ann Saracco		
Street Address 52 Seaview Ave.			Street Address 52 Seaview Ave.		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			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
5,000	\$1.00 PAR VALUE		800	Common	\$1.00

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



104261

File Date 1/14/05
Check No. 1856
By: W.
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.

Carole Ann Saracco 1/3/05
Signature of Officer Date
Carole Ann Saracco
Print or Type Name of Officer
PRESIDENT
Title of Officer



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. 104261		2. Name of Corporation CG Marketing, Inc.			
3. Street Address Principal Business Office 52 Seaview Ave.			City Cranston	State RI	Zip 02905
4. Business Phone No. 401-461-2673		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO MARKET, DISTRIBUTE, IMPORT, SELL AT WHOLESALE OR RETAIL, OR OTHERWISE DEAL IN OR WITH PRODUCTS OF EVERY NATURE, KIND OR MANNER.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Carole Ann Saracco			Vice President Name Thomas N. McFadden		
Street Address 52 Seaview Ave.			Street Address 52 Seaview Ave.		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
Secretary Name Thomas McFadden			Treasurer Name Carole Ann Saracco		
Street Address 52 Seaview Ave.			Street Address 52 Seaview Ave.		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			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
5,000	\$1.00 PAR VALUE		800	Common	\$1.00

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



* 1 0 4 2 6 1 *

File Date 2/24/04
Check No. 1770
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 of Officer Carole Ann Saracco Date 2/17/04
Print or Type Name of Officer CAROLE ANN SARACCO
Title of Officer PRESIDENT



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. **104261** 2. Name of Corporation **CG Marketing, Inc.**
3. Street Address Principal Business Office **52 Seaview Avenue** City **Cranston** State **RI** Zip **02905**
4. Business Phone No. **401-461-2673** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island **To market, distribute, import, sell at wholesale or retail or otherwise deal in or with products of every nature, kind or manner.**

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

President Name Carole Ann Saracco Street Address 52 Seaview Ave City Cranston State RI Zip 02905 Secretary Name Thomas N. McFadden Street Address 52 Seaview Ave City Cranston State RI Zip 02905	Vice President Name Thomas N. McFadden Street Address 52 Seaview Ave City Cranston State RI Zip 02905 Treasurer Name Carole Anne Saracco Street Address 52 Seaview Ave. City Cranston State RI Zip 02905
--	---

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

Director Name N/A Street Address City State Zip 	Director Name Street Address City State Zip
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
5,000 \$1.00 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
800 Common \$1.00

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



* 1 0 4 2 6 1 *

File Date: 3-12-03
Check No.: 1647
By: AMF

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.

Carole Saracco 2/13/03
Signature of Officer Date
CAROLE SARACCO
Print or Type Name of Officer
PRESIDENT
Title of Officer



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. **104261** 2. Name of Corporation **CG Marketing, Inc.**
3. Street Address Principal Business Office **52 Seaview Avenue** City **Cranston** State **RI** Zip **02905**
4. Business Phone No. **401-461-2673** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island **To market, distribute, import, sell at wholesale or retail, or otherwise deal in or with products of every nature, kind or manner.**

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

President Name Carole Ann Saracco	Vice President Name Thomas N. McFadden
Street Address 52 Seaview Avenue	Street Address 52 Seaview Avenue
City State Zip Cranston RI 02905	City State Zip Cranston RI 02905
Secretary Name Thomas N. McFadden	Treasurer Name Carole Ann Saracco
Street Address 52 Seaview Avenue	Street Address 52 Seaview Avenue
City State Zip Cranston RI 02905	City State Zip Cranston RI 02905

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

Director Name N/A	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)

AUTHORIZED SHARES	Class/Series	Par Value
5,000	\$1.00	PAR VALUE

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

ISSUED SHARES	Class/Series	Par Value
800	Common	\$1.00

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



* 1 0 4 2 6 1 *

File Date: 2/6/2002
Check No.: 1532
By: CS

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.

Carole Ann Saracco 1/28/02
Signature of Officer Date
CAROLE ANN SARACCO
Print or Type Name of Officer
President
Title of Officer

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. **104261** 2. Name of Corporation **CG Marketing, Inc.**

3. Street Address Principal Business Office **52 Seaview Avenue** City **Cranston** State **RI** Zip **02905**
4. Business Phone No. **461-2673** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6**

7. Brief Description of the Character of Business Conducted in Rhode Island **To market, distribute, import, sell at wholesale or retail, or otherwise deal in or with products of every nature, kind or manner.**
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Carole Ann Saracco**
Street Address **52 Seaview Avenue**
City **Cranston** State **RI** Zip **02905**

Vice President Name **Thomas N. McFadden**
Street Address **52 Seaview Avenue**
City **Cranston** State **RI** Zip **02905**

Secretary Name **Thomas N. McFadden**
Street Address **52 Seaview Avenue**
City **Cranston** State **RI** Zip **02905**

Treasurer Name **Carole Ann Saracco**
Street Address **52 Seaview Avenue**
City **Cranston** State **RI** Zip **02905**

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

Director Name **N/A**
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
5,000 \$1.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
800 Common \$1.00

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



* 1 0 4 2 6 1 *

File Date: **FILED**
Check No.: **JAN 11 2001**
By: **CC/3104**
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 **Carole Ann Saracco** Date **1/09/01**
Print or Type Name of Officer **CAROLE ANN SARACCO**
Title of Officer **PRESIDENT**



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. **104261** 2. Name of Corporation **CG Marketing, Inc.**

3. Street Address Principal Business Office **52 Seaview Avenue** City **Cranston** State **RI** Zip **02905**

4. Business Phone No. **461-2673** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island **To market, distribute, import, sell at wholesale or retail, or otherwise deal in or with products of every nature, kind or manner**

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

<p>President Name Carole Ann Saracco</p> <p>Street Address 52 Seaview Avenue</p> <p>City State Zip Cranston RI 02905</p> <p>Secretary Name Thomas N. McFadden</p> <p>Street Address 52 Seaview Avenue</p> <p>City State Zip Cranston RI 02905</p>	<p>Vice President Name Thomas N. McFadden</p> <p>Street Address 52 Seaview Avenue</p> <p>City State Zip Cranston RI 02905</p> <p>Treasurer Name Carole Ann Saracco</p> <p>Street Address 52 Seaview Avenue</p> <p>City State Zip Cranston RI 02905</p>
---	--

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

<p>Director Name N/A</p> <p>Street Address</p> <p>City State Zip</p>	<p>Director Name</p> <p>Street Address</p> <p>City State Zip</p>
---	--

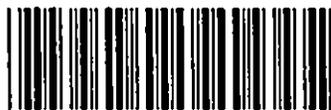
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
5,000		\$1.00 PAR VALUE

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

ISSUED SHARES	Class/Series	Par Value
800	Common	\$1.00

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



* 1 0 4 2 6 1 *
FILED

File Date: MAR 10 2000

Check No.: By *cc/dlp*

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.

Carole Ann Saracco 3/7/00
Signature of Officer Date

CAROLE ANN SARACCO
Print or Type Name of Officer

PRESIDENT
Title of Officer