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.	2. Name of Corporation			
111368	MAD Marc Inc.			
3. Street Address Principal Business Office		City	State	Zip
393 MARKET STREET		WARREN	RI	02885-
4. Business Phone No	5. State of Incorporation			6. SIC Code
4012450062	RHODE ISLAND			4473

7. Brief Description of the Character of Business Conducted in Rhode Island
OPERATE A HOME AND GARDEN CENTER.

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

President Name			Vice President Name		
Marc A. Domina			Douglas M. Domina		
Street Address			Street Address		
389 Market Street			393 Market Street		
City	State	Zip	City	State	Zip
Warren	RI	02885	Warren	RI	02885
Secretary Name			Treasurer Name		
Valerie A. Domina			Douglas M. Domina		
Street Address			Street Address		
393 Market Street			393 Market Street		
City	State	Zip	City	State	Zip
Warren	RI	02885	Warren	RI	02885

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

Director Name			Director Name		
None					
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
8,000 NO PAR VALUE			100		No Par

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

[redacted] 1 1 1 3 6 8 [redacted]

111368 DBC 08/21/05 09:10:49 PM
File Date 8/23/05
Check No 9868
By DA
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.

Douglas M. Domina 8/21/05
Signature of Officer *Date*

Douglas M. Domina
Print or Type Name of Officer

[redacted] Vice President/Treasurer
Title of Officer

Form 630 12/01

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.	2. Name of Corporation			
111368	MAD Marc Inc.			
3. Street Address Principal Business Office		City	State	Zip
393 MARKET STREET		WARREN	RI	02885-
4. Business Phone No.	5. State of Incorporation			6. SIC Code
4012450062	RHODE ISLAND			4473

7. Brief Description of the Character of Business Conducted in Rhode Island
OPERATE A HOME AND GARDEN CENTER.

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

President Name			Vice President Name		
Marc A. Domina			Douglas M. Domina		
Street Address			Street Address		
19 Warren Avenue			393 Market Street		
City	State	Zip	City	State	Zip
Warren	RI	02885	Warren	RI	02885
Secretary Name			**Treasurer Name**		
Valerie A. Domina			Douglas M. Domina		
Street Address			Street Address		
393 Market Street			393 Market Street		
City	State	Zip	City	State	Zip
Warren	RI	02885	Warren	RI	02885

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	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
8,000 NO PAR VALUE			100		NO PAR

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

[redacted] 1 1 1 3 6 8 [redacted]

111368 DBC 06/08/04 12:12:49 PM
File Date 6/8/04
Check No. 8038
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 — Date 6/8/04
Douglas M. Domina
Print or Type Name of Officer
[redacted] Vice President/Treasurer
Title of Officer

Form 630 12/01

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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
111368	MAD Marc Inc			
3. Street Address Principal Business Office		City	State	Zip
393 Market Street		Warren	RI	02885
4. Business Phone No.	5. State of Incorporation			6. SIC Code
(401)245-0062	Rhode Island			4473

7. Brief Description of the Character of Business Conducted in Rhode Island
Home, garden, and pet care

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

President Name			Vice President Name		
Marc A. Domina			Douglas M. Domina		
Street Address			Street Address		
393 Market Street			393 Market Street		
City	State	Zip	City	State	Zip
Warren	RI	02885	Warren	RI	02885
Secretary Name			**Treasurer Name**		
Valerie A. Domina			Douglas M. Domina		
Street Address			Street Address		
393 Market Street			393 Market Street		
City	State	Zip	City	State	Zip
Warren	RI	02885	Warren	RI	02885

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

Director Name			Director Name		
None					
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
8,000 NO PAR VALUE			100		NO PAR

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

[redacted] 1 1 1 3 6 8 [redacted]

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.

Dm Domina 8/25/03
Signature of Officer *Date*

Douglas M. Domina
Print or Type Name of Officer

[redacted] Vice President/Treasurer
Title of Officer

File Date 8-27-03
Check No 10432
By: [redacted]
FOR SECRETARY OF STATE USE ONLY

Form 630 12/01

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

Edward S. Inman, III, Secretary of Sta
Corporations Divisi
100 North Main Street, Providence, RI 02903-13
401 222 30

STOP
PLEASE READ
INSTRUCTIONS

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* 111368

2 *Name of Corporation* MAD Marc Inc.

3 *Street Address Principal Business Office* 393 MARKET ST

City WARREN *State* RI *Zip* 02885

4 *Business Phone No* (401) 245-0062

5 *State of Incorporation* RHODE ISLAND

6 *SIC Code* 4473

7 *Brief Description of the Character of Business Conducted in Rhode Island*
HOME, GARDEN + PET CARE

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

President Name MARC A. DOMINA
Street Address 393 MARKET ST
City WARREN *State* RI *Zip* 02885

Vice President Name DOUGLAS M. DOMINA
Street Address 393 MARKET ST
City WARREN *State* RI *Zip* 02885

Secretary Name VALERIE A. DOMINA
Street Address 393 MARKET ST
City WARREN *State* RI *Zip* 02885

Treasurer Name DOUGLAS M. DOMINA
Street Address 393 MARKET ST
City WARREN *State* RI *Zip* 02885

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

Director Name NONE
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*
8,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100		NO PAR

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

* 1 1 1 3 6 8 *

File Date 3/18/02

Check No.: 4187

By: AB

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 [signature] *Date* 3/13/02

Print or Type Name of Officer DOUGLAS M. DOMINA

Title of Officer VICE PRESIDENT / TREASURER

Form 630 12/01

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

Corporations Divis
100 North Main Street, Providence, RI 02903-1
401-222-3

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. 111368 — 2 Name of Corporation: MAD Marc Inc.

3 Street Address Principal Business Office: 393 MARKET ST — City: WARREN — State: RI — Zip: 02885

4 Business Phone No.: 401 245-0062 — 5 State of Incorporation: RHODE ISLAND — 6 SIC Code: 4473

7 Brief Description of the Character of Business Conducted in Rhode Island: HOME, GARDEN & PET CARE

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

President Name: MARC A. DOMINA
Street Address: 393 MARKET ST
City: WARREN — State: RI — Zip: 02885

Vice President Name: DOUGLAS M. DOMINA
Street Address: 393 MARKET ST
City: WARREN — State: RI — Zip: 02885

Secretary Name: VALERIE A. DOMINA
Street Address: 393 MARKET ST
City: WARREN — State: RI — Zip: 02885

Treasurer Name: DOUGLAS M. DOMINA
Street Address: 393 MARKET ST
City: WARREN — State: RI — Zip: 02885

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

Director Name: NONE
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
8,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100		NO PAR

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

* 1 1 1 3 6 8 *

File Date: 5-8-01

Check No.: 26073

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

Signature of Officer — Date: 5/6/01

Print or Type Name of Officer: DOUGLAS M. DOMINA

Title of Officer: VICE PRESIDENT / TREASURER

Form 630 12/