

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

Matthew A. Brown, Secretary of State

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

2005

67168	2 Nume of Corporate Optical Polym	ners Laboratory Corpora	tion		
Sirce: Adaress Principal Busin 200		St.	Car Paw tuck	et state R	100286D
Business Prone No. 122	0710	5 Mate of Incorporation			6 SIC Code 3081
tour Description of the Chaire TO MANUFACTURE	for of Rusiness Conducted : AND DISTRIBUTE PLA	RHODE ISLAND  n Rhode Island  STIC PRODUCTS - CAST	· · · · · · · · · · · · · · · · · · ·	** -	18975
NAMES AND ADDRESS	SES OF THE OFFICER	RS: ("X" BOX FOR ATT	. –	SPACES BEFORE USING A	TTACHMENTS
Leonard	F Donad	10	Vice President Name		
00 Add 200 We	eden St		Street Address		
Powribet	State R.	02906	Cgr	State	Zψ
Cynthia	M Don	adio	Tunthia	M Donad	io
est Addies 200	Needen S	†	Sirce Address 200 M	reeden St	
Paw tucket	State RI	02860	"Pawtychet	+ State Q	02860
NAMES AND ADDRESS vector Name	ES OF THE DIRECTO	ORS: ("X" BOX FOR A	TTACHMENT)   FILL   Ducctor Name	IN SPACES BEFORE USING	ATTACHMENTS
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ji	State	Zıp	C:t';	State	Ζψ
roctor Name	J	····J·····	Director Name		
ort Address	<u> </u>		Street Addiress		
ı <sup>.</sup>	State	Zψ	Cuv	State	Zψ
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e Date 2-22			Under penalty of p	ant Secretary, Treasurer, Rec erjury, I declare and affirm that I mpanying schedules and statem e frue and cofregt.	have examined this re



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

Corporate ID No. 67168	2 Name of Corpora	<sup>non</sup> mers Laboratory Corpora	tion			
Street Address Principal Bi		mers caporatory corpora	Pawtichet	- State R	02860	
E Business Phone No.	2-0710	5 State of Incorporation			6.30%	
Brief Description of the Ch.	aracter of Business Conducted	RHODE ISLAND in Rhode Island ASTIC PRODUCTS - CAST		<del></del>	1884	
		RS: ("X" BOX FOR ATTA		SPACES BEFORE USING	ATTACHMENTS	
President Name Leon	ard F Do	nadio	Vice President Name			
200 Weeder	CSt		Street Address			
Pawhitet	State R1	<sup>14</sup> 02860	Gty	State	Ζψ	
Cynth	Cynthia M Donadio			Treasury Name Huc M Donadio		
Street Address 200 Wledi	•		Street Address Wl	eden St		
Pawhode	et sur RI	Zip 02860 TORS: ("X" BOX FOR AI	TACHMENT) [] FILL	f State C   IN SPACES BEFORE USING	02860 G ATTACHMENTS	
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Sirest Address  City  Director Name  Sirest Address  City	State	Ζφ	City  Director Name  Street Address  City  11. SHARES ISSUED	State	Zip	

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 e	xamined this report.
including any accompany	ing sched	ules and statements, and	d that all statements
coptained herein are true	and sprres	<b>4</b> ). /	1.1
Cynthe	-/~ /	werato	1:
Signature of Officer	. 1	7 1	Date
Signature of Officer - YNTMA	M	Donadio	· 
Print or Type Name of Offi			
<u> 5c </u>	Tre	<u> </u>	<u>.</u>
Title of Officer	-		
		Forn	n 630 Rev. 12/03



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 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRIN 1 Curporate ID No.	TED IN BLACK)  2. Name of Corporation	n			
67168	• •	ners Laboratory Corporati	ion		
3. Street Address Principal Busines  1 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Somice St.	5 State of Incorporation	Particiti	State (	210 C2 56 D 6 SIC Code 3 COST   = 4883
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Street Address )  Z(K) WCE	Događin den St		Street Address	zonadio dem	
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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 signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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File Date	3.18.03
theck No.:	074
łe <u> </u>	ICP

Under penalty of p	erjury, I declare and a	iffirm that I have examined
		g schedules and statements, and
that all statements	contained horkin are	true and correct.  Date    1
Signature St Officer	A Daule	Date
Print or Type Name of	Officer Colors of	
Title of Officer	J	Form 635 12/02



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903 1335 401-222-3040

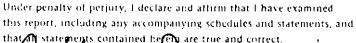
#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_ 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPLD IN BLA		,			INSTRUCTIONS
1 Corporate ID No. 67168	2 Name of Corporation Optical Polymer	s Laboratory Corporation	on		
3. Street Address Principal Rusiness 200 WEED  4. Business Phone No 401   722 - C  7. Business Description of the Character	EN ST 2710 at Business Conducted in Rhi	5. State of Incorporation  RHODE ISLAND  de Island	PAWTUCKET	State	21p 02860 6 SIC Code 1883 308/
MANUFACT URE  8. NAMES AND ADDRESS  President Name  LEONARD  Street Address	DONADIO			FORE USING ATTACH!	MENTS
200 WEE	EDEN ST	<sup>zo</sup> 02860	City	State	Zip
CYNTHIA  Street Address  200 WE	DONADIO EDEN ST		Street Address 200 WEB	DONA EDEN ST	DIO
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0,000 \$.01 FAR VALUE			1000	COMMON	ODI par VALUE
	<b>d in ink</b> by either t		esident, Secretary, Assista	nt Secret <b>ary</b> , Treasure	r, Receiver or Trustee



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FOR SECRETARY OF STATE USE ONLY



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Taim 636 12/01

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

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

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

1. Carnarate ID No.					
1 Corporate ID No. <b>67168</b>	2 Name of Corporation Optical Pol	ymers Laborator	y Corporation		
4. Business Phone No. 401 722-0	DÉEDEN ST	S. State of Incorporation RHODE ISLAND	PAWTUCKET	State	2ip 02860 * \$1883
7. Brief Description of the Character  MANUFACK 8. NAMES AND ADDRES President Name  LEONARD Street Address  200 WEEL  City  PAWTUCKE T	DONADIO	CAST ACR	<i>)</i> -	ORE USING ATTACHM	IENTS Zip
CYNTHIA	_	02860	Treasurer Name  CYNTH 1A  Street Address		
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ZOO WEE  PAWTUCKET  9. NAMES AND ADDRES  Director Name	State R1	ZIP CZBGO F <b>ORS</b> (*X* BOX FOR ATIAC	PAWTUCKET CHMENT) FILL IN SPACES BI Director Name	State State E  E  E  E  E  E  E  E  E  E  E  E  E	07860 HMENTS
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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 all statements contained herein are true and correct.

Date



1. Corporate ID No.

3. Street Address Principal Business Office

FOR SECRETARY OF STATE USE ONLY

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 2000

Optical Polymers Laboratory Corporation

RHODE ISLAND

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

Street Address

Street Address

Director Name

Title of Officer

City



1883

Zip

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK)

722-0710

7. Brief Description of the Character of Business Conducted in Rhode Island

Manutachrer

2. Name of Corporation

Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHOR!	IZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUEI	) ("X" BOX FOR ATTACHMENT)	
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This report must be s	6 7 1 6 8	her the President, V	this report, inclu	perjury, I declare and affirm ding any accompanying scheo	that I have examined dules and statements, and
File Date:	3/13/00		that all statemen	ty contained berein are true a	and correct.
Check No.:	362		Signature of Officer	A DONADIO	Date
8v	2-		Print or Type Name		<del></del>



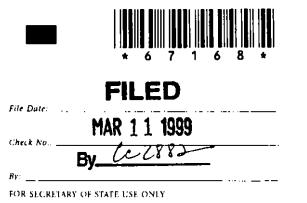
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

STOP

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. **Optical Polymers Laboratory Corporation** 67168 Pawtocket Street Weeden **RHODE ISLAND** 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Street Address Cuy State CES BEFORE USING ATTACHMENTS Street Address City Street Address Street Address City State 200 City State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares 1000 Shares Common ,0/parvelve 8,000 SHS \$.01 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.

Signature of Officer Date

Cynthia M. Donadio

Print or Type Name of Officer President.



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



(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2 Name of Corporation **Optical Polymers Laboratory Corporation** 67168 Pawtucket 3 Street Address Principal Bysiness Office RI 02860 214 Weeden 4. Business Phone No. 5. State of Incorporation 6. SIC Code 722-0710 401 -**RHODE ISLAND** 1883 7 Brief Description of the Character of Business Conducted in Rhode Island Manufacturer of 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name DONADIO Street Address City State Zip Treasurer Name Street Address Street Address City State Zio City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) Donadio F Donadio 02860 Director Name Street Address Street Address City State 2ip City State Zip 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Market Co ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares 8,000 SHS \$.01 PAR VALUE 1000

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

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File Date: _	2/20	-
Check No.:           By:	1951 1CVD	_
FOR SECRETARY	Y 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 Mistatements contained herein are true and correct.

Centhia Monadio

Signatur offorficer Date

on or Type Name of Officer

Dresident

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 67:168 E TYPED IN BLACK) Optical Polymers Laboratory Corporation

1. Corporate ID No. 2 Name of Corporation



1. Street Address Principal Business C 214 Weeden St 1. Business Phone No. 401 - 722-0 7. Brief Description of the Character	TTE E.T 710 of Business Conducted in	RHODE ISLA 5. State of Incorporation Rhode Island	ND PawNcker	- State R1	Asp 02860 1883 6 SIC Code
Manufacher, B. NAMES AND ADDRESS President Nume C. Ynthia			CHMENT) Vice President Name		
	eden Street		Street Address		
Pawhelet			City	State	Zip
Secretary Name	, , ,		Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
•	ses of the dire M Dona Leden Str	adio	FACHMENT)  Director Name  Street Address		
	t state RI		Cuy	State	Zıp
	F. Dor veeden Stre		Director Name Street Address		
Pauticket		DZ860	City	State	Zip
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President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee This report must be

File Date:	3.3.97	
	1204 ///	
Check No : By:	1110////4 E	
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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

### > CORPORATION NNWAL 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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO 2. NAME OF CORPORATION 67168 Optical Polymers Laboratory Corporation 3. STREET ADDRESS PRENCIPAL BUSINESS OFFICE STATE ZIP CODE 180 Weeden Street Pawtucket RI 02860 4 BUSINESS PHONE NO 5 STATE OF INCORPORATION (401) 722-0710 RHODE ISLAND 7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Manufacture of acrylic products 8. NAMES AND ADDRESSES OF THE OFFICERS PRESIDENT NAME VICE PRESIDENT HAVE Cynthia Donadio STREET ADDRESS STREET ADDRESS 214 Weeden Street STATE ZIP CODE STATE ZIP CODE Pawtucket RI 02860 SECRETARY NAME TREASURER NAME STREET ADDRESS STREET ADDRESS STATE ZIP CODE STATE ZIP CODE ADDRESSES OF DIRECTOR HAME OFRECTOR NAME Cynthia M. Donadio Leonard F. Donadio STREET ADDRESS STREET ADDRESS 63 Blackstone Blvd. 63 Blackstone Blvd. STATE ZP COOF ZIP COOE Providence RI 02960 Providence RI 02906 DIRECTOR NAME DIRECTOR NAME STREET ADDRESS STREET ADDRESS ary STATE ZP CÔDE GIY STATE JP CODE

> SHARES AUTHORIZED AND ISSUED

**AUTHORIZED SHARES** 

MUMBER OF SHARES

DLASS / SERIES

PAR VALUE

NUMBER OF SHARES

**ISSUED SHARES** 

CLASS / SERVES

PAR VALUE

8,000 SHS \$.01 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:

Check No:

By:

For Secretary of State Use Only

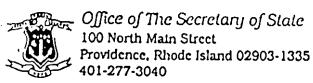
Cynthia Donadio

Print or Type Name of Officer President

Title of Officer

Signature of Officer

Date



Please Type or Pri: File Annually - Jan. 1 - March Filing Fee \$50.0

Make Checks Payable to: Secretary of Stat

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE	FORM WILL BE RETURNED.
Corporate ID:	Annual Report for the year: 1995 Annual Report
Name of Corporation: OPTICAL POLYMERS LAB CO	
Business entity organized under the laws of the State of: Rhode is land.  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: ( )	Brief statement of the character of business conducted in Rhode Island:  Man Facturer of actualic Shoot
Address and telephone of the principal office of business entity in Rhode island (Provide street address - Not P.O. Box):  214 Weeden Street  Pawtycket, RI 02880	
Phone: (401) 722-0710	
THE NAMES OF T	HE OFFICERS ARE:
CYNTHIA DONADIO 214	Weeden St Pawhichet R1 02860
11	DRESS CITY/STATE ZIP COOE
ECRETARY (/ STREET AD	DRESS COOE
REASURER ( STREET AD	DRESS CITY/STATE ZIP CODE
THE NAMES OF TH	E DIRECTORS ARE:
21K5E1 AD	DRESS CITY/STATE ZIP COOE
STREET AD	DRESS CITY/STATE ZIP COOE
AME STREET ADI	CITY/STATE ZZP COOE
UMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
8000 Shrs. Class/Series Class/Series Common-por value \$.01	Number of Shares Class / Series 1000 Shr'S Common - por Value \$.01
	UNITURA DONADIO PENAME OF OFFICER SIGNING PRESIDENT
DESIGNATED REGISTERED AGE	TICER SIGNING
The state of the s	III A VA UURTICE OF FRUCEANI

LEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed. Cynthia M DONADIO 214 Weeden St Pawwiket, R1 02862

PECY OF SEA

#### Filing Fee \$50 00 Payable to: Secretary of State

#### PLEASE TYPE or PRINT

#### State of Rhode Island and Providence Plantations Office of The Secretary of State

File Annually LLC. Sept. 1 - Nov. t. CORP. Jun. 1 - March 1

100 North Main Street Providence, Rhode Island 02903 1335 401-277-3040

Corporate ID:	0067168	An	mual Report for the year:	1994	
Name of Business Entity:			Optical Polymer	's Laboratory O	orporation
·· <del>·</del>		1	Business Entity is (check o	one) .	
Business entity organized unde				eration (See RIGL Chapter )	7-! ()
Federal Taxpayer Identification	Number	<del></del>	[ ] Professional Si	ervice Corporation (Sec RIG	IL Chapter 7-5 1)
For foreign entity, address and	telephone number of principal of	office		ity Company (See RIGL 7-1	
<del></del>			<ul> <li>Name, title and mailing ad communications may be di</li> </ul>	dress of contact person to where ted.	
			Cunthia M	Donadio, P	resident _
			_Ophial Poly		
Phone: 1)			214 Weld	un st	
	nucipal office of business entity	in Rhode	Pawruci	<u>44 RI 02</u>	862
Stand Provide street address - <u>214</u> Weeden Pau tucket				acter of business conducted  JLCL OF ac	
1 4444			Date of Organization	2-26-92	
Phone (401) 722-1	2710			business in Rhode Island (i	f foreign entity).
	TUE	NAMES OF THE	OFFICERS ARE:	· ·	
CHIEF EXECUTIVE OFFE ( R.OR.	A PRESIDENT COCCOR	STROTTABLES		CITYS'ATE	7001000
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NAME.		STREET ADDRES		CHYSTATE	7.6 COD5
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**FILED** 

DEC 0 9 1994

CYNTHIA M. DONADIO 214 WEEDEN STREET PAWTUCKET

RI 02862

PLEASE NOTE. If the Corporation has changed its registered office and/or registered or resident agent, from 9 or Form LLC 3 most be fired.

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	## <b>5/1</b> 9 <b>5</b>	Annual Report for the year 1999		
First: The name	e of the corporation is	Optical Polymens Laboratory Corporation		
SECOND: It is inc	corporated under the laws of	Rhode (sland		
	r of business, briefly stated, is	namifacture an	d distribute	
•	gn corporation, address of its pri	ncipal office		
^ -	address in Rhode Island 219	4 Weeden Stree	t, Pawticket,	
SIXTH: Names as	nd addresses of its directors and		(Attach rider if necessary) umber, street, zip code)	
	Director Director			
	Director			
Cynthia U i	Onadio President	214 Weeden St	, Pawticket, RI 02862	
<u>-</u>	Vice Presiden	nt		
Cynthia Mi	Donadio Secretary	214 weedenst	, Pawtucket RI 02862	
Cynthia Mi	Sonadio Treasurer	214 Weeden St	Pawtichet R1 02862	
SEVENTH: Numb	er of Shares authorized:		Par Value or statement that	
No. of Shares	Class	Series	shares are without par value	
8000	Common	PAID	\$,01	
Еіднтн: Numbe	r of Shares issued:	OCT 0 6 199	Par Value	
No of Shares	Class	serige C'Y OF ST	or statement that  A shares are without  par value	
1000	Common	cert#1	£. 01	
Dated 10 - 4-	· · · · · · · · · · · · · · · · · · ·		rs Lab Corp. advo	
(Report must l	be signed by an officer) T	ille President	<del>/</del>	