



**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
97569 Bonnet Studio, Inc.

3. Street Address Principal Business Office City State Zip
25 South Hillview Drive Narragansett RI 02882

4. Business Phone No. 5. State of Incorporation 6. SIC Code
(401) 789-1199 RHODE ISLAND 8334

7. Brief Description of the Character of Business Conducted in Rhode Island
Operation of a golf driving range

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

President Name Sheila Blessing Street Address 25 South Hillview Drive City State Zip Narragansett RI 02882	Vice President Name Christine Dombrowski Street Address 72 Spicebush Trail City State Zip Narragansett RI 02882
Secretary Name Christine Dombrowski Street Address 72 Spicebush Trail City State Zip Narragansett RI 02882	Treasurer Name Christine Dombrowski Street Address 72 Spice Bush Trail City State Zip Narragansett RI 02882

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000	no par value shares	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	no par value	

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



File Date	FILED
Check No.	MAR 25 2005 7232
By:	<u>ICB</u>
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.

Christine Dombrowski 3/23/05
Signature of Officer Date
Christine Dombrowski
Print or Type Name of Officer
Secretary
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 IN BLACK)

1. Corporate ID No. 97569		2. Name of Corporation BONNET STUDIO, INC.			
3. Street Address Principal Business Office 25 SOUTH HILLVIEW DRIVE			City NARRAGANSETT	State RI	Zip 02882
4. Business Phone No. 4017891199		5. State of Incorporation RHODE ISLAND		6. SIC Code 8334	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF PHOTOGRAPHY.					

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

President Name Sheila Blessing			Vice President Name		
Street Address 25 South Hillview Drive			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
Secretary Name Christine Dombrowski			Treasurer Name Christine Dombrowski		
Street Address 72 Spicebush Trail			Street Address 72 Spicebush Trail		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882

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

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 (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	common	no par value

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



97569 DBC 02/20/04 11:22:42 AM

File Date 3/5/04

Check No. 6760

By: ll

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.

Christine Dombrowski 2/26/04
Signature of Officer Date

Christine Dombrowski
Print or Type Name of Officer

Vice President
Title of Officer



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. 97569		2. Name of Corporation BONNET STUDIO, INC.			
3. Street Address Principal Business Office 25 SOUTH HILLVIEW DRIVE			City NARRAGANSETT	State RI	Zip 02882
4. Business Phone No. 4017891199		5. State of Incorporation RHODE ISLAND		6. SIC Code 8334	

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE BUSINESS OF PHOTOGRAPHY.

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

President Name Sheila Blessing			Vice President Name Christine Dombrowski		
Street Address 25 South Hillview Drive			Street Address 72 Spicebush Trail		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Christine Dombrowski			Treasurer Name Christine Dombrowski		
Street Address 72 Spicebush Trail			Street Address 72 Spicebush Trail		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882

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

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: (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	common	no par value

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



* 9 7 5 6 9 *

97569 DBC2/24/032:45:01 RM

File Date 4-7-03

Check No. 0306

By: lp

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.

Sheila Blessing 3-26-03
Signature of Officer Date

Sheila Blessing SHEILA BLESSING
Print or Type Name of Officer

President 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. **97569** 2. Name of Corporation **BONNET STUDIO, INC.**
3. Street Address Principal Business Office **25 South Hillview Drive** City **Narragansett** State **RI** Zip **02882**
4. Business Phone No. **(401)789-1199** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8334**
7. Brief Description of the Character of Business Conducted in Rhode Island

Photography business

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

President Name Sheila Blessing	Vice President Name Christine Dombrowski
Street Address 25 South Hillview Drive	Street Address 72 Spicebush Trail
City State Zip Narragansett RI 02882	City State Zip Narragansett RI 02882
Secretary Name Christine Dombrowski	Treasurer Name Christine Dombrowski
Street Address 72 Spicebush Trail	Street Address 72 Spicebush Trail
City State Zip Narragansett RI 02882	City State Zip Narragansett RI 02882

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

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 (*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 common no par value

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



* 9 7 5 6 9 *

File Date: 5-8-02
Check No.: 5974
By: [Signature]

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: Sheila Blessing Date: 3-14-02
Title of Officer: President



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. **97569** 2. Name of Corporation **BONNET STUDIO, INC.**

3. Street Address Principal Business Office **25 South Hillview Drive** City **Narragansett** State **RI** Zip **02882**
4. Business Phone No. **(401) 789-1199** 5. State of Incorporation **RHODE ISLAND** **8334**

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

Photography business

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

President Name Sheila Blessing	Vice President Name Christine Dombrowski
Street Address 25 South Hillview Drive	Street Address 72 Spicebush Trail
City State Zip Narragansett RI 02882	City State Zip Narragansett RI 02882
Secretary Name Christine Dombrowski	Treasurer Name Christine Dombrowski
Street Address 72 Spicebush Trail	Street Address 72 Spicebush Trail
City State Zip Narragansett RI 02882	City State Zip Narragansett RI 02882

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

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 (*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 Common no par value

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



* 9 7 5 6 9 *

File Date. FILED
Check No. AUG 07 2001
By: By KID Sep31

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.

Sheila Blessing 11/01
Signature of Officer Date
Sheila Blessing
Print or Type Name of Officer
President
Title of Officer

CONSENT OF THE SOLE
SHAREHOLDER OF
BONNET STUDIO, INC.

Pursuant to Rhode Island General Laws Section 7-1.1-30.3, the undersigned,
being the sole shareholder of Bonnet Studio, Inc., a Rhode Island corporation (hereinafter
the "Corporation"), hereby consents to the following actions:

RESOLVED: That the following persons are hereby elected to serve in the office
set forth next to his or her name until his or her successor is duly
elected and qualified:

Sheila Blessing	President
Christine Dombrowski	Vice President
Christine Dombrowski	Treasurer
Christine Dombrowski	Secretary

RESOLVED: That all of the actions taken by the officers of the
Corporation and by the Corporation itself since the date of
incorporation to the present are hereby ratified, confirmed and
approved.

IN WITNESS WHEREOF, I have set my hand this ²⁹ day of *July*, 2001.

Sheila Blessing

Sheila Blessing



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. **97569** 2. Name of Corporation **BONNET STUDIO, INC.**

3. Street Address Principal Business Office **25 South Hillview Drive** City **Narragansett** State **RI** Zip **02882**

4. Business Phone No. **(401)789-1199** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8334**

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

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

President Name Sheila Blessing	Vice President Name Christine Dombrowski
Street Address 25 South Hillview Drive	Street Address 72 Spicebush Trail
City State Zip Narragansett RI 02882	City State Zip Narragansett RI 02882
Secretary Name Christine Dombrowski	Treasurer Name Christine Dombrowski
Street Address 72 Spicebush Trail	Street Address 72 Spicebush Trail
City State Zip Narragansett RI 02882	City State Zip Narragansett RI 02882

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

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 (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
8,000 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100	Common	No par value.

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



* 9 7 5 6 9 *

File Date: 3/1/00

Check No.: 49401

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.

Sheila Blessing 2-28-00
Signature of Officer Date

Sheila Blessing
Print or Type Name of Officer

President
Title of Officer



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. **97569** 2. Name of Corporation **BONNET STUDIO, INC.**
3. Street Address Principal Business Office
25 South Hillview Drive City **Narragansett** State **RI** Zip **02882**
4. Business Phone No. **(401) 789-2321** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8334**

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

Photography

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

President Name Sheila Blessing	Vice President Name Christine Dombrowski
Street Address 25 South Hillview Drive	Street Address 72 Spicebush Trail
City Narragansett State RI Zip 02882	City Narragansett State RI Zip 02882
Secretary Name Christine Dombrowski	Treasurer Name Christine Dombrowski
Street Address 72 Spicebush Trail	Street Address 72 Spicebush Trail
City Narragansett State RI Zip 02882	City Narragansett State RI Zip 02882

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

Director Name n/a A close corporation	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)

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 common no par value

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



* 9 7 5 6 9 *

File Date: 1/24/99
Check No: 4470
By: [Signature]

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: Sheila Blessing Date: 2/23/99
Print or Type Name of Officer: Sheila Blessing
Title of Officer: President



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. **97589** 2. Name of Corporation **BONNET STUDIO, INC.**
3. Street Address Principal Business Office
25 South Hillview Dr.
4. Business Phone No. **401-789-1199** 5. State of Incorporation **RHODE ISLAND**

City **Narragansett** State **RI** Zip **02882**
6. SIC Code **8334**

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

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name **Sheila Blessing**
Street Address
25 South Hillview Dr.
City **Narragansett** State **RI** Zip **02882**

Vice President Name **Christine Dombrowski**
Street Address
72 Spicebush Trail
City **Narragansett** State **RI** Zip **02882**

Secretary Name **Christine Dombrowski**
Street Address
72 Spicebush Trail
City **Narragansett** State **RI** Zip **02882**

Treasurer Name **Christine Dombrowski**
Street Address
72 Spicebush Trail
City **Narragansett** State **RI** Zip **02882**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

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 None

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



File Date: **5-1-98**
Check No.: **4053**
By: **AMJF**

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 **Sheila Blessing** Date **4-4-98**
Print or Type Name of Officer **SHEILA BLESSING**
Title of Officer **PRESIDENT**