



**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. <b>100672</b>		2. Name of Corporation <b>RAWSON MARKETING CORP.</b>			
3. Street Address Principal Business Office <b>716 Central Avenue</b>			City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>
4. Business Phone No.		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>0</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO PRODUCE, DISTRIBUTE, MARKET, MANUFACTURE, ADVERTISE AND PROMOTE ALL KINDS OF HAND TOOLS, MACHINE TOOLS, AND POWER TOOLS. TO GENERALLY CONDUCT A MARKETING BUSINESS.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>JOSEPH A. LAMAGNA</b>			Vice President Name <b>NONE</b>		
Street Address <b>716 Central Avenue</b>			Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City	State	Zip
Secretary Name <b>JOSEPH A. LAMAGNA</b>			Treasurer Name <b>JOSEPH A. LAMAGNA</b>		
Street Address <b>716 Central Avenue</b>			Street Address <b>716 Central Avenue</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>JOSEPH A. LAMAGNA</b>			Director Name		
Street Address <b>716 Central Avenue</b>			Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			11. SHARES ISSUED ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>600 COMM NO PAR VALUE</b>			<b>NONE</b>		

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)* \_\_\_\_\_ **02/15/05**  
Signature of Officer Date

**JOSEPH A. LAMAGNA**  
Print or Type Name of Officer

**PRESIDENT**  
Title of Officer

File Date **FILED**  
Check No. **MAR 01 2005 1524**  
By: *(Signature)*  
FOR SECRETARY OF STATE USE ONLY

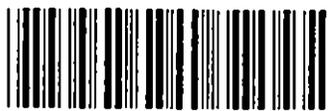


**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

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

1. Corporate ID No <b>100672</b>		2. Name of Corporation <b>RAWSON MARKETING CORP.</b>			
3. Street Address Principal Business Office <b>716 Central Avenue</b>			City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>
4. Business Phone No <b>(401) 729-8877</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>0</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO PRODUCE, DISTRIBUTE, MARKET, MANUFACTURE, ADVERTISE AND PROMOTE ALL KINDS OF HAND TOOLS, MACHINE TOOLS, AND POWER TOOLS. TO GENERALLY CONDUCT A MARKETING BUSINESS.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>JOSEPH A. LAMAGNA</b>			Vice President Name <b>NONE</b>		
Street Address <b>716 Central Avenue</b>			Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City	State	Zip
Secretary Name <b>JOSEPH A. LAMAGNA</b>			Treasurer Name <b>JOSEPH A. LAMAGNA</b>		
Street Address <b>716 Central Avenue</b>			Street Address <b>716 Central Avenue</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>JOSEPH A. LAMAGNA</b>			Director Name		
Street Address <b>716 Central Avenue</b>			Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>600 COMM NO PAR VALUE</b>			<b>NONE</b>		

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



\* 1 0 0 6 7 2 \*

File Date 3/15/04  
Check No. 205  
By: LS

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 02/17/04  
**JOSEPH A. LAMAGNA**  
Print or Type Name of Officer  
**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 OR PRINTED IN BLACK)

1. Corporate ID No. **100672** 2. Name of Corporation **RAWSON MARKETING CORP.**  
3. Street Address Principal Business Office **716 Central Avenue** City **Pawtucket** State **RI** Zip **02861**  
4. Business Phone No. **(401) 729-8877** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**To distribute, market, manufacture, etc. goods and any other lawful purpose**

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

President Name <b>JOSEPH A. LAMAGNA</b> Street Address <b>716 Central Avenue</b> City State Zip <b>Pawtucket RI 02861</b>	Vice President Name <b>NONE</b> Street Address  City State Zip  
Secretary Name <b>JOSEPH A. LAMAGNA</b> Street Address <b>716 Central Avenue</b> City State Zip <b>Pawtucket RI 02861</b>	Treasurer Name <b>JOSEPH A. LAMAGNA</b> Street Address <b>716 Central Avenue</b> City State Zip <b>Pawtucket RI 02861</b>

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

Director Name <b>JOSEPH A. LAMAGNA</b> Street Address <b>716 Central Avenue</b> City State Zip <b>Pawtucket RI 02861</b>	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	Class/Series	Par Value
<b>600 COMM NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value

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



\* 1 0 0 6 7 2 \*

File Date: 2/13/03  
Check No.: 4536

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: [Signature] Date: 02/18/03

**JOSEPH A. LAMAGNA**  
Print or Type Name of Officer

**PRESIDENT**  
Title of Officer



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

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 TYPED IN BLACK)

1. Corporate ID No. **100672** 2. Name of Corporation **RAWSON MARKETING CORP.**  
3. Street Address Principal Business Office City State Zip  
**716 Central Avenue Pawtucket RI 02861**  
4. Business Phone No. 5. State of Incorporation 6. SIC Code  
**(401) 729-8877 RHODE ISLAND 0**  
7. Brief Description of the Character of Business Conducted in Rhode Island

To distribute, market, manufacture, etc. goods and any other lawful purpose

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

President Name <b>JOSEPH A. LAMAGNA</b> Street Address <b>716 Central Avenue</b> City State Zip <b>Pawtucket RI 02861</b>	Vice President Name <b>NONE</b> Street Address  City State Zip  
Secretary Name <b>JOSEPH A. LAMAGNA</b> Street Address <b>716 Central Avenue</b> City State Zip <b>Pawtucket RI 02861</b>	Treasurer Name <b>JOSEPH A. LAMAGNA</b> Street Address <b>716 Central Avenue</b> City State Zip <b>Pawtucket RI 02861</b>

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

Director Name <b>JOSEPH A. LAMAGNA</b> Street Address <b>716 Central Avenue</b> City State Zip <b>Pawtucket RI 02861</b>	Director Name  Street Address  City State Zip  
Director Name  Street Address  City State Zip  	Director Name  Street Address  City State Zip  

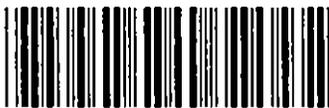
10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
600 COMM 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



\* 1 0 0 6 7 2 \*

File Date: 3/15/02  
Check No: 1052  
By: JB

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 02/19/02

JOSEPH A. LAMAGNA  
Print or Type Name of Officer

PRESIDENT  
Title of Officer



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

**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. **100672** 2. Name of Corporation **RAWSON MARKETING CORP.**

3. Street Address Principal Business Office **716 Central Avenue** City **Pawtucket** State **RI** Zip **02861**  
4. Business Phone No. **(401) 729-8877** 5. State of Incorporation **RHODE ISLAND** 6 SIC Code **0**

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

To distribute, market, manufacture, etc. goods and any other lawful purpose

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

President Name <b>JOSEPH A. LAMAGNA</b> Street Address <b>716 Central Avenue</b> City State Zip <b>Pawtucket RI 02861</b>	Vice President Name <b>NONE</b> Street Address  City State Zip  
Secretary Name <b>JOSEPH A. LAMAGNA</b> Street Address <b>716 Central Avenue</b> City State Zip <b>Pawtucket RI 02861</b>	Treasurer Name <b>JOSEPH A. LAMAGNA</b> Street Address <b>716 Central Avenue</b> City State Zip <b>Pawtucket RI 02861</b>

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

Director Name <b>JOSEPH A. LAMAGNA</b> Street Address <b>716 Central Avenue</b> City State Zip <b>Pawtucket RI 02861</b>	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  
**600 COMM 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



\* 1 0 0 6 7 2 \*

File Date: 3-14-01  
Check No.: 1013  
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 [Signature] Date 02/20/01  
**JOSEPH A. LAMAGNA**  
Print or Type Name of Officer  
**PRESIDENT**  
Title of Officer

FOR SECRETARY OF STATE USE ONLY

**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. **100672** 2. Name of Corporation **RAWSON MARKETING CORP.**

3. Street Address Principal Business Office **716 Central Avenue** City **Pawtucket** State **RI** Zip **02861**  
4. Business Phone No. **(401) 729-8877** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
**To distribute, market, manufacture, etc. goods and any other lawful purpose**

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

President Name <b>JOSEPH A. LAMAGNA</b> Street Address <b>716 Central Avenue</b> City <b>Pawtucket</b> State <b>RI</b> Zip <b>02861</b>	Vice President Name <b>NONE</b> Street Address	Treasurer Name <b>JOSEPH A. LAMAGNA</b> Street Address <b>716 Central Avenue</b> City <b>Pawtucket</b> State <b>RI</b> Zip <b>02861</b>
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**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>JOSEPH A. LAMAGNA</b> Street Address <b>716 Central Avenue</b> City <b>Pawtucket</b> State <b>RI</b> Zip <b>02861</b>	Director Name  Street Address  City State Zip
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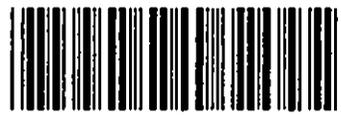
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>600 COMM NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>

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



\* 1 0 0 6 7 2 \*

File Date: 3/13/00  
Check No.: 2818  
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: [Signature] Date: 02/15/00  
**JOSEPH A. LAMAGNA**  
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. <b>100672</b>		2. Name of Corporation <b>RAWSON MARKETING CORP.</b>	
3. Street Address Principal Business Office <b>716 Central Avenue</b>		City <b>Pawtucket</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 724-6770</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
6. SIC Code			
7. Brief Description of the Character of Business Conducted in Rhode Island <b>To distribute, market, manufacture, etc goods and any other lawful purpose</b>			
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>JOSEPH A. LAMAGNA</b>		Vice President Name <b>NONE</b>	
Street Address <b>716 Central Avenue</b>		Street Address	
City <b>Pawtucket</b>	State <b>RI</b>	City	State
Secretary Name <b>JOSEPH A. LAMAGNA</b>		Treasurer Name <b>JOSEPH A. LAMAGNA</b>	
Street Address <b>716 Central Avenue</b>		Street Address <b>716 Central Avenue</b>	
City <b>Pawtucket</b>	State <b>RI</b>	City <b>Pawtucket</b>	State <b>RI</b>
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>JOSEPH A. LAMAGNA</b>		Director Name	
Street Address <b>716 Central Avenue</b>		Street Address	
City <b>Pawtucket</b>	State <b>RI</b>	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
<b>10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
<b>11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
AUTHORIZED SHARES			ISSUED SHARES
Number of Shares	Class/Series	Par Value	Number of Shares
<b>600 COMM NO PAR VALUE</b>			<b>100</b>
			Class/Series <b>Common</b>
			Par Value <b>No par value</b>

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



File Date: Feb 5, 1999  
Check No.: 2215  
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: [Signature] Date: 02/16/99  
Print or Type Name of Officer: **JOSEPH A. LAMAGNA**  
Title of Officer: **PRESIDENT**