

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Dicisio 190 North Main Stre Providence RI 02903-135 401-222-305

2005

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

FORM MUST BE TYPED OR I Coporate ID No	2 Name of Corpore	ttico.			
82772	Internationa	Enterprises, Ltd.	_		
Street addies Principal Brown			TROVIDENCE	3 RI	2409
1401) 454-	4134	5 State of Incorporation  RHODE ISLAND			6 SIC Code 8888
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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Stree Providence, RI 02903-133; 401.222,304c

Corporate ID No	2 Name of Corpo	ration	<del></del>			
82772	' '	nal Enterprises, Ltd.				
Street Address Principal Busine		iai Cilleipiises, Clu.	City	State	Ztp	
230 Oak Street	~		'	RI	02909	
Business Phone No		5 State of Incorporat	Providence	1	6. SIC Code	
(401) 454-4134						
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contained herein are face and correct.	lens, and that an statemen
Malita Malita Anglia (1986) Synature of Officer	1/26/04 1Xuc
Nicholas A. San Martino	
Print or Type Name of Officer	
President	



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 OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

82772

International Enterprises, Ltd.

3. Street Address Principal Business Office 230 Oak Street

Providence

Stati

RI

02909

4 Business Phone No

President Name

(401) 454-4134

5. State of Incorporation Rhode Island

6 SIC Code

Zip

7 Brief Description of the Character of Business Conducted in Rhode Island Manufacturer of Military Insignia

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

Nicholas San Martino Street Address Street Address 5 Carriage Way City State ZipCity State 02904 North Providence RΙ Secretary Name Treasurer Name Maria A. San Martino Street Address Street Address

5 Carriage Way
City State 719 City State Zip

North Providence RI 02904

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

Director Same 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

Class/Series

Par Value

ISSUED SHARES

Number of Shares

Vice President Name

Class/Senes

Par Value

300 SHS NO PAR

Number of Shares

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300

SHS

NO PAR

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

	9-15-03
File Date	
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Check No :	<del></del> .
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Under penalty of perjury, I declare and affirm that I have examined	
this report, including any accompanying schedules and statements, and	ď

hat all statement contained herein are fue and corre

Nicholas San Martino

Print or Type Name of Officer
President





Edward S. Inman, III, Secretary of Stat Corporations Division 100 North Main Street, Providence, RI 02903-133; 401-222-3041

# 2/1/19

Filing Period: January	1-March 1 •	Filing Fee: \$50.00	EPORT FOR THI		PLEA
(FORM MUST BE TYPED IN BLAC 1. Corporate ID No.	(K) 2. Name of Corpor	ation			
82772 3. Street Address Principal Business ()	Interna	tional Enterpris	ses, Ltd.	State	Zip
230 Oak Street  4. Business Phone No.		S. State of Incorporation	Providence	RI	02909 6. SIC Code
(401) 454-4134  7. Bilef Description of the Character of	of Business Conducted	Rhode Is	Sland		
Manufacturer of N 8. NAMES AND ADDRESS President Name			ACHMENT) FILL IN SPACES   Vice President Name	BEFORE USING ATTA	CHMENTS
Nicholas San Mart	tino		Street Address		
5 Carriage Way <sup>Cluy</sup>	State	Zip	Сиу	State	Zip
North Providence Secretary Name	RI	02904	Treasurer Name		
Maria A. San Mart Street Addiess	tino		Street Address		
5 Carriage Way	State	Zip	City	State	ZIp
North Providence 9. NAMES AND ADDRESS Director Name	RI ES OF THE DIR	02904 ECTORS (*x* box for a	TTACHMENT) FILL IN SPACE Director Name	S BEFORE USING AT	FACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
Cuy	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR ATT	FACHMENT)	11. SHARES ISSUED (*,	X* BOX FOR ATTACHMEN	TT)
Number of Shares	Class/Series	Par Vulue	Number of Shares	Class/Series	Par Value
300 SHS NO PAR			300	SHS	NO PAR

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

	70, ''' 42 j	11 " ~	FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date:	i.	··	JUN 1 1 2002	that all statements contained herein are true and correct.
Theck No.:	5.,		284933	Nicholas San Martino Print or Type Name of Officer



Edward S. Inman, III, Secretary of Stat Corporations Divisio 100 North Main Street, Providence, RJ 02903-133 401-222-304

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00



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230 Oak Street  4. Business Phone No.		S. State of Incorporation	Providence	RI	02909 6. SIC Code
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North Providence Secretary Name	RI	02904	Treasurer Name	•	
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ms report must be se	gued in the by either the	rresident, vice riesio	lent, Secretary, Assistant Secretary, Treasurer, Receiver or Truste
		FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date:	79, 1 <sup>m</sup> [7]	- 1: 2:2	that all statements contained berein are true and correct.
_		JUN 11 2002	Signature of Officer Date
Check No.:	· · · · · · · · · · · · · · · · · · ·	By AME	Nicholas San Martino
Ву:		<i>6</i> 84933	Print or Type Name of Officer



James R. Langevin, Secretary of St Corporations Divis 100 North Main Street, Providence, RI 02903-1. 401-222-30

PROFIT COF	RPORATION ary 1-March 1 •	I ANNUAL REI Filing Fee: \$50.00	PORT FOR THI	E YEAR <u>2000</u>	ST PLAN INSTRICT
FORM MUST BE TYPED IN	BLACK)				
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Business Phone No.	•	5. State of Incorporation	Frou:Wence	11/2	6. SIC Code
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و معرق فرز د و د او	11/41		Street Address		
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Marken !		Zip カナロハロ	City	State	Zip
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D. NAMES AND ADDE	GESSES OF THE DIR	RECTORS ("X" BOX FOR ATTA		ES BEFORE USING ATTACE	<b>IMENTS</b>
WELLO SARWE			Director Name		
treet Address			Carrie Addition		
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ity -	State	Zip	City	State	Zip
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Director Name Director Name

Street Address

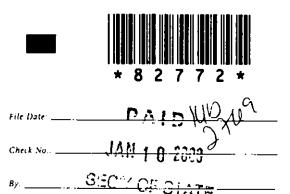
City Zip City State Zip

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

300 SHS NO PAR 300 5115

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



Street Address

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, an



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

James R. Langevin, Secretary of Sta Corporations Division 100 North Main Street, Providence, RI 02903-13. 401-222-30-

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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2. Name of Corporation	Enterprises, Ltd.		,		<u> </u>
Mice		City	State	Zip	+
) BOX 3376	5. State of Incorporation	PROVIDENCE	RHODE ISLAND	02904 6. SIC Code	. +
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VA 2410		Street Address 5 CARRIAGE WAY			ţ
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State	Zip	City	State	Zip	<b>4</b> -
		Director Name		•• •••••	
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	International Tice D BOX 3376  CBusiness Conducted in I CTURING ES OF THE OFFIC  CTINO  State  RI RTINO  State  RI ES OF THE DIRECT  State  State	State of Incorporation RHODE ISLAN  (Business Conducted in Rhode Island  CTURING ES OF THE OFFICERS (*X* HOX FOR ATTAC  PTINO  State Zip  RI 02904  RTINO  State Zip  RI 02904  STATE  State Zip  RI 02904	International Enterprises, Ltd.  Tice  DESCRIPTION  State of incorporation RHODE ISLAND  CTURING  SOFTHE OFFICERS (*X* BOX FOR ATTACHMENT) PILL IN SPACES BEING PROVIDENCE  TINO  MARIA A. SANMART  Street Address  State  Zip  RI  O2904  NORTH PROVIDENCE  Treasurer Name  NICHOLAS A. SANMAR  Street Address  State  Zip  RI  O2904  NORTH PROVIDENCE  Treasurer Name  NICHOLAS A. SANMAR  Street Address  Street Address	International Enterprises, Ltd.  The City State  PROVIDENCE RHODE ISLAND  S. State of Incorporation HHODE ISLAND  PROVIDENCE RHODE ISLAND  STATE OF THE OFFICERS (*X* HOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHNET State Name  PRINT O2904 NORTH PROVIDENCE RITEGURE HEAD  STATE Zip State  RI O2904 NORTH PROVIDENCE RITEGURE HADE  STATE Zip Gity State  RI O2904 NORTH PROVIDENCE RITEGURE HADE  STATE Zip Gity State  STATE Zip Gity State  State Zip City State  Director Name  Street Address  State Zip City State	International Enterprises, Ltd.  Tree  DROX 3376  State of Incorporation RHODE ISLAND  State of Incorporation RHODE ISLAND  CTURING  SO OF THE OFFICERS (*X* BOX FOR ATTACHMENT) STILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  Vice President Name  State  Zip  RI  O2904  NORTH PROVIDENCE  RI  O2904  NORTH PROVIDENCE  RI  O2904  NORTH PROVIDENCE  RI  O2904  NORTH PROVIDENCE  RI  O2905  State  Zip  RI  O2904  NORTH PROVIDENCE  RI  O2905  State  Zip  O2906  State  Zip  O2907  OOTH PROVIDENCE  RI  O2908  State  Zip  OOTH PROVIDENCE  RI  O2909  State  Zip  OOTH PROVIDENCE  RI  O2904  NORTH PROVIDENCE  RI  O2905  State  Zip  OOTH PROVIDENCE  RI  O2906  State  Zip  OOTH PROVIDENCE  RI  O2907  State  Zip  OOTH PROVIDENCE  RI  O2908  State  Zip  OOTH PROVIDENCE  RI  OZP  OOTH PROVIDENCE  State  Zip  OOTH PROVIDENCE  State  Zip  OOTH PROVIDENCE  RI  OZP  OOTH PROVIDENCE  STATE Address  State  OOTH PROVIDENCE  RI  OZP  OOTH PROVIDENCE  STATE  OOTH PROVIDENCE  STATE  OOTH PROVIDENCE  OOTH PROVID



Date:	FILED			
	JAN 1 5 1999			

MARIA A. SANMARTINO

Print or Type Name of Officer

Signature of Officer

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.

VICE PRESIDENT



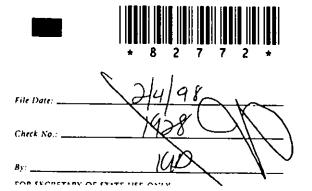
James R. Langevin, Secretary of Sto 25 Corporations Divisi 100 North Main Street, Providence, Rt 02903-13 401-277-30

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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(FORM MUST BE TYPED IN BLAC	CK)	•		•	Testin
1. Corporate ID No.	2. Name of Corpora	ation	<del>-</del> ,	-	
82772	Internation	al Enterprises, Ltd.			
3. Street Address Principal Business (	Office		City	State	Zip
230 Oak Street 4. Business Phone No. (401) 454- 413	34	S. State of Incorporation RHODE ISLAND	Providence	R.I.	02909 6. SIC Code
7. Brief Description of the Character					
Mfg. Military 8. NAMES AND ADDRESS President Name	Insignia		4ENT) Vice President Name		
Nicholas A. Sa	an Martino				
Street Address 5 Carriage Way	<i>,</i>		Street Address		
City	State	Zip	City	State	Zip
N. Providence	R.I.	02904			
Secretary Name		,	Treasurer Name	• *	
Maria A. San Ma	rtino		Street Address		
5 Carriage Way				,	
City	State	Zip	City	State	Zip
N. Providence	R.I.	02904			
9. NAMES AND ADDRESS Director Name	ES OF THE DIR	ECTORS ("X" BOX FOR ATTAC	HMENT) Director Name		
Nicholas A. Sa Street Address	n Martino		Street Address		
SAME AS ABOVE					
Gity	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Ζίρ	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (	*X* BOX FOR ATTACHMENT,	
Number of Shares	Glass/Series	Par Value	Number of Shares	Class/Series	Par Value
300 SHS NO PAR			300	Common	No-Par

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



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.

Print or Type Name of Officer



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

James R. Langevin, Secretary of Sta. Corporations Divisio DO North Main Street, Providence, RI 02903-133 401-277-304

···	, ,			100 North Main Stre	et, Providence, RI 0290 401-27.
PROFIT CC Filing Period: Janu (FORM MUST BE TYPED IN	tary 1-March 1 •	NANNUAL Filing Fee: \$50.00	REPORT 199	7	STOI PILASI R INSTRECT
1. Corporate ID No.  82772	2. Name of Corpo	ration Onal Enterprises, Ltd	 I.		THIS TOP
3. Street Address Principal But  230 Da K S F  4. Business Phone No.  401 - 45 9  7. Brief Description of the Cha	siness affice 10 BOX 33 '- 5-680	5. State of Incorporation RHODE ISL	PROU	State RI	21p 02909 6. SIC Code PSS
B. NAMES AND ADD  President Name  Inches And ADD  President Name  Inches Address  The Address  T	* militARY	In Rhode Island  JUSI GWIN FICERS (X* BOX FOR ATTA	CHMENT)  Vice President Name  Sofus C  Street Address	-	,
city No PROV ecretary Name SAIME AS	state XI	02904	Clly Treasurer Name SIAME	State	Zip
lity	State	Zip	Street Address City	State	Zip
NAMES AND ADDI	RESSES OF THE DIR	ECTORS (*x* box for at	TACHMENT) Director Name Street Address		
ity	State	Zip	City	State	Zip
irector Name			Director Name		
reel Address			Street Address		
ity:	State	Zip	City	State	Zip
D. SHARES AUTHORI JIHORUZED SHARES	IZED AND ISSUED (	*X * BOX FOR ATTACHMENT)	ISSUFI) SHARES		
umber of Shares	Class/Series	Par Value	Number of 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

<u>700</u>

	* 8 2 7 7 2 *			
ile Date:	8/14/97 FILED			
heck No.:	AUG 1 4 144/			
y:	By 154788			
OR SECRETARY	OF STATE USE ONLY			

300 SHS NO PAR

Under penalty of perjury, I declare and affirm that I have examined
this report, including any accompanying schedules and statements, an
that all statements contained herein are true and correct.
Micholas AlmiMartino 8/14/97
Signature of Officer; Date
Micholas Achen Hap Your
Print or Type Name of Officer
/ Presentant

No PAN

## PROFIT CORPORATON ANNUAL REPORT



#### State of Rhode Island and Providence Plantatio. James R. Langevin, Secretary of State Corporations Division

100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-30

Filing Period: January 1-March 1

Filing Fee: \$50.00

1 CORPORATE ID NO

2 NAME OF CORPORATION

82772

INTERNATIONAL ENTERPRISES, LID.

3 STREET ADDRESS PRINC PAL BUSINESS OFFICE 230 OAK STREET

P.O. BOX 3376

5 STATE OF INCORPORATION

ZIP CODE

02909

4 BUSINESS PHONE NO (401) 454-5680

6 SIC CODE

&&&&

RHODE ISLAND

02904

7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

MANUPACTURING ASSEMBLING Producing designing

RHODE ISLAND ZIP CODE

NICHTIAS SAMARITINO

OFFICERS V CE PRESIDENT NAME NICHOLAS SANMARITINO

STREET ADDRESS

PRESIDENT NAME

STREET ADDRESS 5 CARRIAGE WAY

NO. PROVIDENCE

5 CARRIAGE WAY

C'TY NO. PROVIDENCE

STATERHODE ISLANDZIP CODE 02904

SECRETARY VAME

NICHOLAS SAMARILINO

TREASURER NAME

PLEASE TYPE OR PRINT IN BLACK INK.

PROVIDENCE

NICHOLAS SANMARITINO

STREET ADDRESS

5 CARRIAGE WAY

STREET ADDRESS

5 CARRIAGE WAY

NO. PROVIDENCE

RHODE ISLAND POODE 02904

PROVIDENCE

**GIRECTOR NAME** 

STREET ADDRESS

STATE RHIDE ISLANDCODE 02904

ADDRESSES T H E 0 F DIRECTORS

D'RECTOR NAME

N/A STREET ADDRESS

STATE

ZIP CCCE

STATE

ZIP CODE

DIRECTOR NAME

DIRECTOR NAME

STREET ADDRESS

STREET ADDRESS

CITY

CiTY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

1 0 SHARES AUTHORIZED

**AUTHORIZED SHARES** 

CLASS / SERIES

PAR VALUE

NUMBER OF SHARES

**ISSUED SHARES** CLASS / SERIES

PAR VALUE

300

NUMBER OF SHARES

NO PAR

300

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

NO PAR

This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date:

9-18-96

Check No:

By:

For Secretary of State Use Only