STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown,** Secretary of State*

Corporations Div. Isn.
100 North Main Stre
Providence RI 02903-13
401 222 30

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	2. Name of Corporation
82772	International Enterprises, Ltd.

3. Street Address Principal Business Office	City	State	Zip
230 Oak St	Providence	RI	02909

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(401) 454-4134	RHODE ISLAND	8888

7. Brief Description of the Character of Business Conducted in Rhode Island
MANUFACTURING, ASSEMBLING, PRODUCING, DESIGNING.

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

President Name	Vice President Name
Nicholas San Martino	N Anthony San Martino
Street Address: 5 Carriage Way	Street Address: 630 Smithfield Rd #412
City: No Prov / State: RI / Zip: 02904	City: No Prov / State: RI / Zip: 02904
Secretary Name: Maria A. San Martino	Treasurer Name
Street Address: 5 Carriage Way	Street Address
City: No Prov / State: RI / Zip: 02904	City / State / Zip

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)* ☐

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
300 NO PAR VALUE		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
300	SHS	NO PAR

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

[redacted] [redacted]

Under penalty of perjury, I declare and affirm that I have examined this repor
including any accompanying schedules and statements, and that all statemen
contained herein are true and correct.

Nicholas San Martino — 1/2/0-
Signature of Officer — *Date*

Nicholas San Martino
Print or Type Name of Officer

President
Title of Officer

File Date	1-28-05
Check No.	5477
By	a

FOR SECRETARY OF STATE USE ONLY

[redacted]

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 OR PRINTED IN BLACK)

1 Corporate ID No	2 Name of Corporation		
82772	International Enterprises, Ltd.		
3. Street Address Principal Business Office	City	State	Zip
230 Oak Street	Providence	RI	02909
4 Business Phone No	5 State of Incorporation		6. SIC Code
(401) 454-4134	RHODE ISLAND		8888

7. Brief Description of the Character of Business Conducted in Rhode Island
MANUFACTURING, ASSEMBLING, PRODUCING, DESIGNING.

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

President Name	Vice President Name
Nicholas A. San Martino	
Street Address: 5 Carriage Way	Street Address
City: North Providence / State: RI / Zip: 02904	City / State / Zip
Secretary Name: Maria A. San Martino	Treasurer Name
Street Address: 5 Carriage Way	Street Address
City: North Providence / State: RI / Zip: 02904	City / State / Zip

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*
300 NO PAR VALUE			300	SHS	NO PAR

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

[redacted]

82772

File Date 1-29-04

Check No. 4963

By: Q

FOR SECRETARY OF STATE USE ONLY

[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.

Signature of Officer — *Date* 1/26/04

Nicholas A. San Martino
Print or Type Name of Officer

President

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

STOP
PLEASE READ
INSTRUCTIONS

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
82772

2. Name of Corporation
International Enterprises, Ltd.

3. Street Address Principal Business Office
230 Oak Street

City
Providence

State
RI

Zip
02909

4. Business Phone No
(401) 454-4134

5. State of Incorporation
Rhode Island

6. SIC Code

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 ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name
Nicholas San Martino

Street Address
5 Carriage Way

City / *State* / *Zip*
North Providence RI 02904

Vice President Name

Street Address

City / *State* / *Zip*

Secretary Name
Maria A. San Martino

Street Address
5 Carriage Way

City / *State* / *Zip*
North Providence RI 02904

Treasurer Name

Street Address

City / *State* / *Zip*

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

Director Name

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*
300	SHS	NO PAR

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
300	SHS	NO PAR

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

[redacted]

File Date 9-15-03

Check No 4742

By. dc

[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.

Signature of Officer — *Date* 9/9/03

Nicholas San Martino
Print or Type Name of Officer

[redacted] President

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

STOP
PLEASE READ
INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 82772

2. Name of Corporation International Enterprises, Ltd.

3. Street Address Principal Business Office 230 Oak Street

City Providence *State* RI *Zip* 02909

4. Business Phone No. (401) 454-4134

5. State of Incorporation Rhode Island

6. SIC Code

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 ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Nicholas San Martino
Street Address 5 Carriage Way
City North Providence *State* RI *Zip* 02904

Vice President Name
Street Address
City *State* *Zip*

Secretary Name Maria A. San Martino
Street Address 5 Carriage Way
City North Providence *State* RI *Zip* 02904

Treasurer Name
Street Address
City *State* *Zip*

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

Director Name
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*
300	SHS	NO PAR

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
300	SHS	NO PAR

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

[redacted]

[redacted]

File Date: 20[illegible]

Check No.: [illegible]

By:

FILED
JUN 11 2002
By [illegible]
284933

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.

Nicholas San Martino 6/5/02
Signature of Officer *Date*

Nicholas San Martino
Print or Type Name 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

STOP
PLEASE READ INSTRUCTIONS

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.: 82772
2. Name of Corporation: International Enterprises, Ltd.
3. Street Address Principal Business Office: 230 Oak Street — City: Providence — State: RI — Zip: 02909
4. Business Phone No.: (401) 454-4134
5. State of Incorporation: Rhode Island
6. SIC Code:
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 ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Nicholas San Martino	
Street Address: 5 Carriage Way	Street Address:
City: North Providence — State: RI — Zip: 02904	City: — State: — Zip:
Secretary Name	**Treasurer Name**
Maria A. San Martino	
Street Address: 5 Carriage Way	Street Address:
City: North Providence — State: RI — Zip: 02904	City: — State: — Zip:

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)*

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
300	SHS	NO PAR

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
300	SHS	NO PAR

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

[redacted] [redacted]

File Date: 20[illegible]

Check No.:

By:

FILED
JUN 11 2002
By ANF
284933

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.

Nicholas San Martino 6/11/02
Signature of Officer *Date*

Nicholas San Martino
Print or Type Name of Officer

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

James R. Langevin, Secretary of St
Corporations Divis
100 North Main Street, Providence, RI 02903-1.
401-222-3(

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.: 82772

2. Name of Corporation: International Enterprises, Ltd.

3. Street Address Principal Business Office: 230 Ark St
City: Providence State: RI Zip: 02909

4. Business Phone No.: (401) 454-4134

5. State of Incorporation: RHODE ISLAND

6. SIC Code:

7. Brief Description of the Character of Business Conducted in Rhode Island: mfg of military insignia

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

President Name: Nicholas San Martino
Street Address: 5 Carriage Way
City: No. Prov State: RI Zip: 02904

Vice President Name:
Street Address:
City: State: Zip:

Secretary Name: Maria A. San Martino
Street Address: 5 Carriage Way
City: No. Prov State: RI Zip: 02904

Treasurer Name:
Street Address:
City: State: Zip:

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

Director Name:
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
300 SHS	NO	PAR

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
300	SHS	NO PAR

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

* 8 2 7 7 2 *

File Date: PAID W/ 2nd

Check No.: JAN 10 2000

By: SEC'Y OF STATE

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.

Nicholas San Martino 12/29/99
Signature of Officer Date

Nicholas San Martino
Print or Type Name of Officer

President

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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ
INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 82772
2. Name of Corporation: International Enterprises, Ltd.

3. Street Address Principal Business Office: 230 OAK STREET, PO BOX 3376
City: PROVIDENCE
State: RHODE ISLAND
Zip: 02904

4. Business Phone No.: (401) 454-4134
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 0000

7. Brief Description of the Character of Business Conducted in Rhode Island: ADVERTISING/MANUFACTURING

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

President Name: NICHOLAS A. SANMARTINO
Street Address: 5 CARRIAGE WAY
City: NORTH PROVIDENCE State: RI Zip: 02904

Vice President Name: MARIA A. SANMARTINO
Street Address: 5 CARRIAGE WAY
City: NORTH PROVIDENCE State: RI Zip: 02904

Secretary Name: NICHOLAS A. SANMARTINO
Street Address: 5 CARRIAGE WAY
City: NORTH PROVIDENCE State: RI Zip: 02904

Treasurer Name: NICHOLAS A. SANMARTINO
Street Address: 5 CARRIAGE WAY
City: NORTH PROVIDENCE State: RI Zip: 02904

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

Director Name: NOT APPLICABLE
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
300 SHS	NO PAR	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
300		NO PAR

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

[redacted] * 8 2 7 7 2 *

FILED

File Date: JAN 15 1999

Check No.: Ce 2362

By: [redacted]

[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.

Maria A. SanMartino 1/15/99
Signature of Officer *Date*

MARIA A. SANMARTINO
Print or Type Name of Officer

VICE PRESIDENT

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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 82772

2. Name of Corporation International Enterprises, Ltd.

3. Street Address Principal Business Office 230 Oak Street

City Providence *State* R.I. *Zip* 02909

4. Business Phone No. (401) 454- 4134

5. State of Incorporation RHODE ISLAND

6. SIC Code

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

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

President Name Nicholas A. San Martino
Street Address 5 Carriage Way
City N. Providence *State* R.I. *Zip* 02904

Vice President Name
Street Address
City *State* *Zip*

Secretary Name Maria A. San Martino
Street Address 5 Carriage Way
City N. Providence *State* R.I. *Zip* 02904

Treasurer Name
Street Address
City *State* *Zip*

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

Director Name Nicholas A. San Martino
Street Address SAME AS ABOVE
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*
300 SHS NO PAR		

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
300	Common	No-Par

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

[redacted] [redacted]

* 8 2 7 7 2 *

File Date: 2/4/98
Check No.: 1628
By: KD
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.

Nicholas A. San Martino 12/29/97
Signature of Officer *Date*

Nicholas A. San Martino
Print or Type Name of Officer

President

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

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

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 82772

2. Name of Corporation: International Enterprises, Ltd.

3. Street Address Principal Business Office: 230 Oak St PO Box 3376 — City: Prov — State: RI — Zip: 02909

4. Business Phone No.: 401-454-5680

5. State of Incorporation: RHODE ISLAND

6. SIC Code: 9998

7. Brief Description of the Character of Business Conducted in Rhode Island: mfg of military insignia

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

President Name: Nicholas A San Martino
Street Address: 5 Carriage Way
City: No. Prov — State: RI — Zip: 02904

Vice President Name: Same
Street Address:
City: — State: — Zip:

Secretary Name: Same as above
Street Address:
City: — State: — Zip:

Treasurer Name: Same
Street Address:
City: — State: — Zip:

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

Director Name: N/A
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 AND 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		No Par

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

* 8 2 7 7 2 *

File Date: 8/14/97 **FILED**
AUG 14 1997

Check No.: 1788

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

Nicholas A San Martino — 8/14/97
Signature of Officer — *Date*

Nicholas A San Martino
Print or Type Name of Officer

President

PROFIT CORPORATON ANNUAL REPORT 1996

Filing Period: January 1–March 1
Filing Fee: $50.00

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) 277-3(

PLEASE TYPE OR PRINT IN BLACK INK.

1 CORPORATE ID NO: 82772

2 NAME OF CORPORATION: INTERNATIONAL ENTERPRISES, LTD.

3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE: 230 OAK STREET P.O. BOX 3376 | CITY: PROVIDENCE | STATE: RI | ZIP CODE: 02909

4 BUSINESS PHONE NO: (401) 454-5680

5 STATE OF INCORPORATION: RHODE ISLAND

6 SIC CODE: 8888

7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND: Manufacturing Assembling Producing designing

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME: NICHOLAS SANMARTINO
STREET ADDRESS: 5 CARRIAGE WAY
CITY: NO. PROVIDENCE STATE: RHODE ISLAND ZIP CODE: 02904

VICE PRESIDENT NAME: NICHOLAS SANMARTINO
STREET ADDRESS: 5 CARRIAGE WAY
CITY: NO. PROVIDENCE STATE: RHODE ISLAND ZIP CODE: 02904

SECRETARY NAME: NICHOLAS SANMARTINO
STREET ADDRESS: 5 CARRIAGE WAY
CITY: NO. PROVIDENCE STATE: RHODE ISLAND ZIP CODE: 02904

TREASURER NAME: NICHOLAS SANMARTINO
STREET ADDRESS: 5 CARRIAGE WAY
CITY: PROVIDENCE STATE: RHODE ISLAND ZIP CODE: 02904

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME: N/A
STREET ADDRESS:
CITY: STATE: ZIP CODE:

DIRECTOR NAME:
STREET ADDRESS:
CITY: STATE: ZIP CODE:

DIRECTOR NAME:
STREET ADDRESS:
CITY: STATE: ZIP CODE:

DIRECTOR NAME:
STREET ADDRESS:
CITY: STATE: ZIP CODE:

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
300		NO PAR	300		NO PAR

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 examinec this report, including any accompanying schedules and statements and that all statements contained herein are true and correct

Nicholas A San Martino
Signature of Officer

Nicholas A San Martino
Print or Type Name of Officer

President

File Date: 9-18-96

Check No: 1380

By: DS

For Secretary of State Use Only