



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. 112878 2. Name of Corporation I/O Labs, Inc.

3. Street Address Principal Business Office 369 South Main Street City Providence State RI Zip 02903

4. Business Phone No. 401-521-3100 5. State of Incorporation RHODE ISLAND 6. SIC Code 7880

7. Brief Description of the Character of Business Conducted in Rhode Island
DIGITAL GRAPHIC SERVICES INCLUDING BUT NOT LIMITED TO COMMUNICATION DESIGN AND PREPRESS PRODUCTION.

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

President Name Edward C. Peffer Vice President Name Stuart Linacre

Street Address 48 Hudson Street Street Address 49 Doyle Street

City Providence State RI Zip 02909 City Providence State RI Zip 02908

Secretary Name Edward C. Peffer Treasurer Name Stuart Linacre

Street Address 48 Hudson Street Street Address 49 Doyle Street

City Providence State RI Zip 02909 City Providence State RI Zip 02908

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

Director Name Edward C. Peffer Director Name Stuart Linacre

Street Address 48 Hudson Street Street Address 49 Doyle Street

City Providence State RI Zip 02909 City Providence State RI Zip 02908

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
1,000	No Par Value		1,000	Common	No Par

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



1 1 2 8 7 8

File Date 1-21-05
Check No. 7924
By: S.C.
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 Edward C. Peffer Date 1.14.05
Print or Type Name of Officer Edward C. Peffer
Title of Officer President



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. 112878		2. Name of Corporation I/O Labs, Inc.			
3. Street Address Principal Business Office 369 South Main Street			City Providence	State RI	Zip 02903
4. Business Phone No. 1-401-521-3100		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island DIGITAL GRAPHIC SERVICES INCLUDING BUT NOT LIMITED TO COMMUNICATION DESIGN AND PREPRESS PRODUCTION					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Edward C. Peffer			Vice President Name Stuart Linacre		
Street Address 48 Hudson Street			Street Address 49 Doyle Street		
Secretary Name Edward C. Peffer			Treasurer Name Stuarde Linacre		
Street Address 48 Hudson Street			Street Address 49 Doyle Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02908
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Edward C. Peffer			Director Name Stuart Linacre		
Street Address 48 Hudson Street			Street Address 49 Doyle Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02908
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			1,000	Common	No Par

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



* 1 1 2 8 7 8 *

File Date 1/14/04
Check No. 7473
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.

Edward C. Peffer 1.9.04
Signature of Officer Date
Edward C. Peffer
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. 2 Name of Corporation

112878

I/O Labs, Inc.

3 Street Address Principal Business Office

369 South Main Street

City

Providence

State

RI

Zip

02903

4 Business Phone No

1-401-521-3100

5. State of Incorporation

RHODE ISLAND

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

Digital graphic service sincluding but not limited to communication design and prepress production.

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

President Name

Edward C. Peffer

Vice President Name

Stuart Linacre

Street Address

48 Hudson Street

Street Address

88 Salina Street

City

Providence

State

RI

Zip

02909

City

Providence

State

RI

Zip

02908

Secretary Name

Edward C. Peffer

Treasurer Name

Stuart Linacre

Street Address

48 Hudson Street

Street Address

88 Salina Street

City

Providence

State

RI

Zip

02909

City

Providence

State

RI

Zip

02908

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

Director Name

Edward C. Peffer

Director Name

Stuarate Linacre

Street Address

48 Hudson Street

Street Address

88 Salina Street

City

Providence

State

RI

Zip

02909

City

Providence

State

RI

Zip

02908

Director Name

Street Address

City

State

Zip

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

Common

No Par

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



* 1 1 2 8 7 8 *

File Date: 1-22-03

Check No.: 7082

By: UP

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: Edward C Peffer Date: 1.16.03

Print or Type Name of Officer: Edward C. Peffer

Title of Officer: President

Form 550 12/02



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. **112878** 2. Name of Corporation **I/O Labs, Inc.**
 3. Street Address Principal Business Office **369 South Main Street** City **Providence** State **RI** Zip **02903**
 4. Business Phone No. **1-401-521-3100** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code
 7. Brief Description of the Character of Business Conducted in Rhode Island
Digital graphic services including but not limited to communication design and prepress production.

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

President Name Edward C. Peffer Street Address 48 Hudson Street City Providence State RI Zip 02909	Vice President Name Stuart Linacre Street Address 88 Salina Street City Providence State RI Zip 02908
Secretary Name Edward C. Peffer Street Address 48 Hudson Street City Providence State RI Zip 02909	Treasurer Name Stuart Linacre Street Address 88 Salina Street City Providence State RI Zip 02908

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

Director Name Edward C. Peffer Street Address 48 Hudson Street City Providence State RI Zip 02909	Director Name Stuart Linacre Street Address 88 Salina Street City Providence State RI Zip 02908
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1,000	NO	PAR VALUE

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

ISSUED SHARES	Class/Series	Par Value
1,000	Common	No Par

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



File Date: 1-9-02
 Check No.: 6620
 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: 1-3-02
Edward C. Peffer
 Print or Type Name of Officer
President
 Title of Officer

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. **112878** 2. Name of Corporation **I/O Labs, Inc.**

3. Street Address Principal Business Office **369 South Main Street** City **Providence** State **RI** Zip **02903**
4. Business Phone No. **521-3100** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Digital graphic services including but not limited to communication design and prepress production
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Edward C. Peffer Street Address 64 Eagle Street City Providence State RI Zip 02909	Vice President Name Stuart Linacre Street Address 88 Salina Street City Providence, State RI Zip 02908
Secretary Name Edward C. Peffer Street Address 64 Eagle Street City Providence State RI Zip 02909	Treasurer Name Stuart Linacre Street Address 88 Salina Street City Providence, State RI Zip 02908

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS	
Director Name Edward C. Peffer Street Address 64 Eagle Street City Providence State RI Zip 02909	Director Name Stuart Linacre Street Address 88 Salina Street City Providence State RI Zip 02908

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES	ISSUED SHARES
Number of Shares 1,000 NO PAR VALUE Class/Series Par Value	Number of Shares 1000 Class/Series Common Par Value No Par

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



* 1 1 2 8 7 8 *

FILED

File Date: **JAN 11 2001**
Check No.: **006775**
By: **EC**

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.

Edward C. Peffer 1/9/01
Signature of Officer Date
Edward C. Peffer
Print or Type Name of Officer
President
Title of Officer