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 OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
100887	Graphic Application Technology, Inc.			
3. Street Address Principal Business Office		City	State	Zip
60 Waterman Ave		N. Prov	RI	02911
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-233-2100	RHODE ISLAND			2618

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE BUSINESS OF GRAPHIC DESIGN, ILLUSTRATIONAND PRINTING.

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

President Name			Vice President Name		
Mark Mader			Melissa Mader		
Street Address			Street Address		
43 Carpenter St.			43 Carpenter St.		
City	State	Zip	City	State	Zip
Rehoboth	MA	02769	Rehoboth	MA	02769
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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*
600 NO PAR VALUE			265		∅

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

[redacted] [redacted]

File Date 9/13/05
Check No. 1432
By: DA

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.

Mark Mader — *Signature of Officer*
9/12/05 — *Date*
Mark Mader — *Print or Type Name of Officer*
President — *Title of Officer*

Form 630 Rev. 12/03

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 IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
100887	Graphic Application Technology, Inc.		
3. Street Address Principal Business Office	City	State	Zip
60 WATERMAN AVENUE	NORTH PROVIDENCE	RI	02911-
4. Business Phone No.	5. State of Incorporation		6. SIC Code
4012332100	RHODE ISLAND		~~2618~~/3961

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

~~TO ENGAGE IN THE BUSINESS OF GRAPHIC DESIGN, ILLUSTRATIONAND PRINTING.~~ Manufacturing of printed keychains

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

President Name			Vice President Name		
Mark Mader			Paul Mercier		
Street Address			Street Address		
60 Waterman Ave			17 Jennifer Lane		
City	State	Zip	City	State	Zip
Rehoboth	MA	02769	Smithfield	RI	
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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
600 NO PAR VALUE			225		Ø

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

1 0 0 8 8 7

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.

Mark Mader (signature) 8/17/04
Signature of Officer Date

Mark Mader
Print or Type Name of Officer

President
Title of Officer

100887 DBC 08/16/04 10:58:06 AM
File Date RECEIVED
Check No. AUG 16 2004
By
FOR SECRETARY OF STATE USE

Form 630 12/01

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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 100887
2. Name of Corporation: Graphic Application Technology, Inc.
3. Street Address Principal Business Office: 60 Waterman Ave — City: N. Prov — State: RI — Zip: 02911
4. Business Phone No.: 401-233-2100
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 1883 ~~2818~~
7. Brief Description of the Character of Business Conducted in Rhode Island: Manufacturer of promotional products

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

President Name: Mark Mader
Street Address: 43 Carpenter St
City: Rehoboth — State: Ma — Zip: 02769

Vice President Name: Paol Mercier
Street Address: Jennifer Lane
City: N. Smithfield — State: RI — Zip:

Secretary Name: Paol Mercier
Street Address: 10 Jennifer Lane
City: N. Smithfield — State: RI — Zip:

Treasurer Name: Mark Mader
Street Address: 43 Carpenter St
City: Rehoboth — State: Ma — Zip: 02769

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
600	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200		$

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

* 1 0 0 8 8 7 *

File Date: 4-16-03
Check No: 7774
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.

Mark Mader — 4/14/03
Signature of Officer — *Date*

Mark Mader
Print or Type Name of Officer

President
Title of Officer

Form 630 12/02

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. 100887

2. Name of Corporation Graphic Application Technology, Inc.

3. Street Address Principal Business Office 600 Waterman Ave

City N. Prov *State* RI *Zip* 02911

4. Business Phone No. 401-233-2100

5. State of Incorporation RHODE ISLAND

6. SIC Code 2618

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

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

President Name Mark Mader
Street Address 43 Carpenter St
City Rehoboth *State* MA *Zip* 02769

Vice President Name Paul Mercier
Street Address 16 Jeffrey Lane
City N. Smithfield *State* RI *Zip*

Secretary Name Same
Street Address
City *State* *Zip*

Treasurer Name Same
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*
600 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
[redacted] 200	COMMON	[redacted]

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

[redacted]

* 1 0 0 8 8 7 *

[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.

Mark Mader 2/27/02
Signature of Officer *Date*

Mark Mader
Print or Type Name of Officer

President
Title of Officer

File Date: 4/5/02

Check No.: 4025

By: COM

FOR SECRETARY OF STATE USE ONLY

[redacted]

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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. *Corporate ID No.* 100887
2. *Name of Corporation* Graphic Application Technology, Inc.
3. *Street Address Principal Business Office* 60 Waterman Ave — *City* N. Prov — *State* RI — *Zip* 02911
4. *Business Phone No* 401-233-2100
5. *State of Incorporation* RHODE ISLAND
6. *SIC Code* 2759
7. *Brief Description of the Character of Business Conducted in Rhode Island* Manufacturer Promotional Products

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

President Name	Mark Mader		*Vice President Name*	Paul Mercier	
Street Address	60 Waterman Ave		*Street Address*	22 Jennifer Lane	
City	Rehoboth		*City*	N. Smithfield	
State	MA		*State*	RI	
Zip	02769		*Zip*	02896	
Secretary Name			*Treasurer Name*		
Street Address			*Street Address*		
City			*City*		
State			*State*		
Zip			*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			*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*
600 NO PAR VALUE		

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

ISSUED SHARES 200

Number of Shares	*Class/Series*	*Par Value*
200	Common	∅

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

[redacted]

100887
FILED

File Date: JUN 05 2001

Check No. [redacted] By [illegible]

By: [redacted]

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.

Mark Mader — *Signature of Officer* — 05/25/01 — *Date*

Mark Mader — *Print or Type Name of Officer*

President — *Title of Officer*

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

James R. Langevin, 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 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 100887
2. Name of Corporation: Graphic Application Technology, Inc.
3. Street Address Principal Business Office: 1 Allens Ave #304 — City: Prov — State: RI — Zip: 02903
4. Business Phone No.: 401-459-4700
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 2618
7. Brief Description of the Character of Business Conducted in Rhode Island: Graphic Arts Supplier

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

President Name: Mark Mader
Street Address: 43 Carpenter St
City: Rehoboth — State: Ma — Zip: 02769

Vice President Name: Paul Mercier
Street Address: 22 Jennifer Share
City: N. Smithfield — State: RI — Zip: 02896

Secretary Name: Mark Mader
Street Address: Same
City — State — Zip

Treasurer Name: Paul Mercier
Street Address: Same
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: 600 — Class/Series — Par Value: X

600 NO PAR VALUE

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

ISSUED SHARES

Number of Shares: X None — 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 8 8 7 *

File Date: 5/19/00

Check No.: 1546

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.

Mark Mader — 3/17/00
Signature of Officer — Date

Mark Mader
Print or Type Name of Officer

President
Title of Officer

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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

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.: 100887
2. Name of Corporation: Graphic Application Technology, Inc.
3. Street Address Principal Business Office: 1 Allen's Ave Suite 304 — City: Providence — State: RI — Zip: 02903
4. Business Phone No.: 401-459-4700
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 2618
7. Brief Description of the Character of Business Conducted in Rhode Island: Graphic design / Label printer / sublimation transfers.

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

President Name: Mark Mader
Street Address: 43 Carpenter St.
City: Rehoboth — State: Mass — Zip: 02769

Vice President Name: Paul Mercier
Street Address: 22 Jennifer Lane
City: North Smithfield — State: RI — Zip: 02896

Secretary Name: Paul Mercier
Street Address: 22 Jennifer Lane
City: N. Smithfield — State: RI — Zip: 02896

Treasurer Name: Mark Mader
Street Address: 43 Carpenter St.
City: Rehoboth — State: Mass — Zip: 02769

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
600 NO PAR VALUE		

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

[redacted] *100887

File Date: 04-07-99
Check No.: 1385
By: JD
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.

Mark Mader — 3/1/99
Signature of Officer — *Date*

Mark Mader
Print or Type Name of Officer

President
Title of Officer