

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

Matthew A. Brown, Secretary of State

Corporations Durision 100 North Mana Street Providence, Rt 02993-1335

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2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) L. Corporate ID No. 2 Name of Corporation 100887 Graphic Application Technology, Inc. 3. Street Address Propogal Business Office State PROU 60 Waterman 02911 5. State of Incorporation 6 SIC Code 401-233-2100 RHODE ISLAND 2618 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 MARK Medissa treet Address 5ħ. ठी AN " State 02769 Secretors Name Street Address Street Address City Zιρ State : City 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 $Z\psi$ Director Name Street Address Street Address Cit State Z:p State Zφ 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) [] 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUT9ORIŽED SPARES Number of Shares Class Series Par Value Number of Shares Class/Senes Par Value 265 600 NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.



FOR SECRETARY OF STATE USE-

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401 222 3040

Form 630 12/01

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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 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00



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FORM MUST BE TYPED OR PRI L. Corporate ID No.	INTED IN BLACK) 2. Name of Corpora	ation			
100887		plication Technology, I	nc.		
3. Street Address Principal Busine	ess Office		Caty	State	Zip 2011
60 Wester Na.	n Ave	5. State of Incorporation	M. PROU	Rt	6 SIC Code . 3
401-233-210	00	RHODE ISLA			2 018
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MARK MAde	er (Paol 1	Were Cieve	
43 CARDENS	es St		Street Address Jewin	. Lance	
	State .AA	Zip	City 2 110	State	Zip
Secretary Name	Wb	02769	N. Smithtie	ld RI	
Paol Menc	\ P A		Treasurer Name	Madin	
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9. NAMES AND ADDRE	ESSES OF THE DIR	ECTORS ("X" BOX FOR A		CES BEFORE USING ATT	FACHMENTS
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	100887
File Date:	<u> 4-16-03</u>
Check No :	774
Ву:	<u> </u>
FOR SECRETAR	Y 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 he	rein are true and correct.	
Ma Mod	4/14/03	
Signature of Officer	Date	
MARK Mide	<u> </u>	

Title of Officer Form 630 12/62



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 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 State WATERMAN 60 0291 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 Manutachur Dromotional 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS** President Name MAder MARK 1900 Trensurer Name Same Street Address City State City State Zio 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address City City State ZIp Director Name Street Address Street Address City Ziρ City State ZIp 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED (*x* BOX FOR ATTACHMENT) AUTHORIZED SHARES STAYING CLEUKES Number of Shares Class/Series Number of Shares Class/Series Par Value **600 NO PAR VALUE** (OMMON)

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



Check No.:	<u> </u>	7.2-
Ву:	Com	
OR SECRETAR	Y OF STATE USE ONLY	

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

Ma Made	2/27/02
Signature of Officer	Date
Mark Made	
Print or Type Name of Officer	

MARK MADO	
Print or Type Name of Officer	
1 1	

Title of Officer E--- /20 13101



Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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PROFIT CORPO	ORATION 1-March 1 •	ANNUAL REP	ORT FOR TH	E YEAR 200'	PIEASURE
FORM MUST BE TYPED IN BLAC	·K)				U) (A)
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. Husiness Phone No 401 - 233 - 2100		S State of Incorporation RHODE ISLAND			6 255 86 11
Brief Description of the Character of	of Business Conducted i	in Rhode Island			_
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3. NAMES AND ADDRESS		•	MENT) FILL IN SPACES	BEFORE USING ATTACE	IMENTS
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60 waterman	Ave		22 Jensiter	Lane	
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer



FOR SECRETARY OF STATE USE ONLY

this report, including any acc	. , ,		tements, and
that all statements contained	nerem are true	and correct.	
Ma Mode	05/05/0)1	
Signature of Officer		Date	
MARK MAder			
Print or Type Name of Officer			
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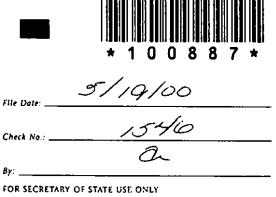
Under penalty of perjury, I declare and affirm that I have examined



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

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PROFIT CORP	ORATION ,	ANNUAL REP	ORT FOR THE	YEAR 2000	STO PILAN I INSTRUCT
(FORM MUST BE TYPED IN BLA	ICK)				
1. Corporate ID No. 100887	2. Name of Corporation Graphic App	" Lication Technol	logy, Inc.		_
3. Street Address Principal Business Allens Ave 4. Business Phone No. 401-459-47 7. Brief Description of the Characte.	# 30√ 00 r of Business Conducted in 1	S. State of Incorporation RHODE ISLAND	Prov	State RII	26 fg.
8. NAMES AND ADDRES President Name	SES OF THE OFFIC	ERS (*X* BOX FOR ATTACH	MENT) FILL IN SPACES BE Vice President Name	FORE USING ATTACHM	IENTS
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Rehoboth Secretary Name	State Mr.	02769	N. SMALLIE	State RI	02896
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City	State	Zip	City	State	ZIp
9. NAMES AND ADDRES Director Name	SES OF THE DIREC	TORS (*x* box for attac	CHMENT) FILL IN SPACES I Director Name	BEFORE USING ATTACK	IMENTS
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Director Name			Director Name		
Street Address			Street Address		
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This report must be sign	ed in ink by eithe	r the President, Vice P	resident, Secretary, Assista	int Secretary, Treasure	r, Receiver or Tru
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Under penalty of perjury, I declare a	and affirm that I have examined
this report, including any accompar	nying schedules and statements, an
that all statements contained hereir	a are true and correct.
Mark Myder	3/17/00
Signature of Officer	Die
MARK MADEL	

Print or Type Name of Officer Title of Officer



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

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(FORM MUST BE TYPED IN BLACE	vI				INSTRUCTIONS
1. Corporate ID No. 100887	2. Name of Corporation	。 Nication Technology, (lne .		
3. Street Address Principal Business Of		, , , , , , , , , , , , , , , , , , ,		State	9 70
1 Allenia Ave	C I	304	Providence	""(RI	02903
4. Business Phone No.		5. State of Incorporation	- '		6. SIC Code
401-459-470		RHODE ISLAND			2618
7. Brief Description of the Character of	1.10	. \ / /	1. 1 9		
8. NAMES AND ADDRESSE	' / '	printer / Sublim			
President Name	.3 Or the Offic	CERS ("X" BÓX FOR ATTACHA	AENT) FILL IN SPACES BE Vice President Name	FORE USING ATTA	CHMENTS
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Rehoboth	MASS	02769	City II C. M. II	State	Zip A A S A I
Secretary Name		Ja 16 1	Treasurer Name		02896
Street Address MORCIER	·		MARK MAder	1	
de Jewister	Lane		H3 CARRENTER	4	
W. Smithfield	Sinte	02896	Rehoboth	SIAL	21769
9. NAMES AND ADDRESSE Director Name	S OF THE DIREC	CTORS ("X" BOX FOR ATTAC		BEFORE USING ATT	ACHMENTS
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Street Address			. Street Address		·
City	State	Zip	City	State	Zip
Director Name		•	Director Name	•	
Street Address			Street Address		
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This report must be signed	in ink by eithe	r the President, Vice Pro	esident, Secretary, Assista	nt Secretary, Treas	urer, Receiver or Trustee



File Date:	04-07-99
Check No.:	1385
Ву:	OL
	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.

that all statements contained he	rein are true and correct.
Mad Made	3/1/99
Signature of Officer	Date
MARK MAder	
Print or Type Name of Officer	
President	

Title of Officer