

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

Matthew A. Brown, Secretary of State

Conporations Dursu. 100 North Main Stre Providence, RI 02903-135 -i01 222 304

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Filing Period: January 1 - 8 (FORM MUST BE TYPED OR PRI		ng Fee: \$50.00					
1. Corporate ID No	2 Name of Corporatu	· ·	 ·				
122788	Fine Designs,	Inc.					
3 Nicert Address Principal Business	•		Gity	State	Zφ		
6855 Post Road		5 State of Incorporatio	No. Kingstown	RI	02852		
(401) 886-5000					6 SIC Code		
7 Brief Description of the Character		RHODE ISLANI r Kl-ode Island	<u> </u>		1883		
THE SERVICE AND MA	NUFACTURE OF ALL	TYPES OF SIGNS. A	FULL SERVICE SIGN CENTER.				
8. NAMES AND ADDRESSES	OF THE OFFICER	S: ("X" BOX FOR AT	TACHMENT)	CES BEFORE USING	G ATTACHMENTS		
President Name			Vice President Name				
Joseph D. Loma	<u>stro</u>		Susan E. Lomas	tro			
Sireel ladiess 34 Seaport Dri	ve		34 Seaport Dri	Street Address 34 Seaport Drive			
Gh	Male	Zifi	: City	State	Ζψ		
Narragansett	RI	02882	Narragansett	RI	02882		
Secretary Name		• • • • • • • • • • • • • • • • • • • •	Freasurer Name		······d·······························		
Susan E. Lomas	tro		Joseph D. Loma	stro			
Street Address			Street Address				
Same Cuy	State	Zib	Same City	State	Lan		
,·	To the control of the	κφ	Cary	June	Ζψ		
9. NAMES AND ADDRESSES Director Name	OF THE DIRECTO	ORS: ("X" BOX FOR A	ATTACHMENT)	PACES BEFORE USI:	NG ATTACHMENTS		
Joseph D. Loma	stro		Susan E. Lomastro				
Street Address		·	Street Address				
Same			Same				
Cit_{i}	State	Zip	Gu_{i}^{i}	State	Zip		
Director Name	J	J	**************************************				
process and the second			Director Name				
Street Addiess			Street Address				
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City	State	Zip	Giry	State	Zap		
10 CHARCASTESONES	I SAN BAN BAN IN						
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR AL	IACHMENT) [11. SHARES ISSUED ("X"	BOX FOR ATTACH	IMENT) []		
Namber of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Glass/Series	Par Value		
Cart Street Cart Carte		The state of the s	Table City	107 107			
1,000 NO PAR VALUE			1,000	Common	NPV		
		<u> </u>					
							
This report must be	signed in ink by cit	ther the President, Vice	President, Secretary, Assistant 5	Secretary, Treasurer.	Receiver or Trustee		
1 1881)				hat I have examined this repo		
		コ	contained herein are trui		tements, and that all statemen		
File Date	8-05			nysh.	1 ilichie		
File Date			Signature of Office	n give i -	# 1/13 /03 Date		
			Joseph D. Lomastro Print or Type Name of Officer				
						President	
			FOR SECRETARY OF ST	TATE USE ONLY		Title of Officer	
		_	είας ομ Ορίζει		Form 630 Rev. 12/03		



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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Corporations Divisic 100 North Main Stre Providence, RI 02903-132 401.222.304

Form 630 Rev. 12/03

ROFIT	CORPORATION	ANNUAL REPORT FOR THE YEAR	2004
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PROFIT CORPOR Filing Period: January 1 - Ma (FORM MUST BE TYPED OR PRINT)	arch I • Filing	UAL REPORT	FOR THE YEAR	2004		
1 Corporate ID No.	2 Name of Corporation				<u> </u>	
122788	Fine Designs, In	ıc.				
3. Street Address Principal Business O 6855 Post Road	fice		No. Kingstown	State RI	^{Zip} 02852	
4. Business Phone No. (401) 886-5000)	5. State of Incorporation RHODE ISLAND		<u> </u>	6. SIC Code 1883	
7. Brief Description of the Chamcter of THE SERVICE AND MAN	Business Conducted in R	hode Island	ILL SERVICE SIGN CENTER.		1 1000	
8. NAMES AND ADDRESSES				TES REFORE HISING AT	CTACHMENTS	
President Name		(CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS : Vice President Name			
Joseph D. Loma	stro		Susan E. Lomast	tro		
Sirce Address 34 Seaport Dri	.ve		Simel Address 34 Seaport Driv	ve		
Narragansett	State RI	02882	Narragansett	State RI	Zip 02882	
Secretary Name Susan E. Lomas	tro		Treasurer Name Joseph D. Lomas	etro	••••	
Strict Address			Street Address			
Same			Same			
Cuy	State	Zφ	City	State	Zip	
9. NAMES AND ADDRESSES Director Name Joseph D. Loma Street Address		 5:	ACHMENT) [FILL IN SP. Director Name Susan E. Lomas	ACES BEFORE USING	 ATTACHMENTS	
Same			Same			
City	State	Ζφ	City	State	Zip	
Director Name	J	J	Director Name	l	.1	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
10 511 770 447710	<u> </u>					
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
Number of Shares Class/Series Par Value			Number of Shares	Class/Series	Par Value	
		<u> </u>	· · · · · · · · · · · · · · · · · · ·			
1,000 NO PAR VALUE			1,000	Common	NPV	
This report must be si	igned in ink by eithe	r the President, Vice Pr	resident, Secretary, Assistant	ecretary, Treasurer, Rec		
File Date 1 X () Y	22788 04	*	including any accompany contained herein are true Significant Sig	ring schedules and stateme and correct.	ents, and that all statements.	
Check No. 100 8			Joseph D. Lomastro			
			Print or Type Name of Officer President			

Title of Officer



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

Secretary of Sti Corporations Divisi 100 North Main Street, Providence, RI 02903-13

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK. 1. Corporate ID No.					
·	2. Name of Corporation				
122788 3. Street Address Principal Business Off	FINE DESIGN	is, INC.	City	State	Zip
6855 Post Road 4. Business Phone No.		5. State of incorporation	No. Kingstown	RI	02852 6. SIC Code
(401) $886-5000$ 7. Brief Description of the Character of	Business Conducted in Rhod	Rhode Island	đ		1883
Manufacture of 8. NAMES AND ADDRESSE President Name	signs for b S OF THE OFFICERS	ousiness and S (*X* BOX FOR ATTACHM	individuals ENT) Vice President Name	• .	
Joseph D. Loma:	stro		Susan E. Lomast	ro	
cny 34 Seaport Dri	Ve State	Zip	34 Seaport Driv	e State	Zip
Narragansett Secretary Name	RI .	02882	Narragansett Treasurer Name	RI	02882
Susan E. Lomas	tro	·	Joseph D. Lomas	tro	
34 Seaport Dri	Ve State	Zip	34 Seaport Driv	e State	Zip
Narragansett 9. NAMES AND ADDRESSE. Director Name	RI S OF THE DIRECTO	02882 PRS (*x* box for attack	Narragansett . HMENT) Director Name	RI .	02882
Joseph D. Lomas Street Address	tro		Susan E. Lomast	ro	
Same ^{City}	State	Zip	Same	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common	NPV	1,000	Common	NPV

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

	FILED
File Date:	
Check No.;	JAN 2 9 2003
Ву:	By <u>CAM</u> 31198
, 	OF STATE LISE ONLY

Under penalty of perjury, I declare and	affirm that I have examined
this report, including any accompanyin	g schedules and statements, an
that all statements contained herein are	true and correct.
Sight W. Jonarde	1//27/03
Sigfature of Officer	<i>Vale</i>
Joseph D. Lomastro	
Print or Type Name of Officer	
President	
Title of Officer	