Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

(FORM MUST BE TYPED IN BI I. Corporate ID No. *80290*	ACK) 2. Name of Corporation Grant Marketing,	Inc	•	•	
3. Street Address Principal Busine		-	Cin		
42 Weybosset Stree	et		City PROVIDENCE	State	Zip
4. Business Phone No.		5. State of Incorporation	PROVIDENCE	RI	02903
4014532730		RHODE ISLAND			& SIC Code
7. Brief Description of the Charact BUSINESS OF PROVIDING	ter of Business Conducted G MARKETING AND	in Rhode Island COMMUNICATION SE	PRVICES		6676
8. NAMES AND ADDRESSI President Name	ES OF THE OFFICER	RS <i>("X" BOX FOR ATTA</i>	ICHMENT) FILL IN SPACES	S REFORE USING ATTAC	UMENTO
Jason Grant			vice i resident. Name	WIST ONL OSING ATTAC	INATURA 1.2
Street Address			None		
42 Weybosset Street			Street Address		
City		3 .			
Providence		Zip 	City	State	Zip
Secretary Name	K1	02903			
Bruce R. Ruttenberg	i e		Treasurer Name		
Street Address	•		Jason Grant		
One Park Row, Suite	300		Street Address		
City	^	7:n	42 Weybosset Street	Ľ.	
Providence		Zip 02903	City	State	Zip
9. NAMES AND ADDRESSE		DE AUT DON TOD I	Providence	RI	02903
Director Name	SOF THE DIRECTO	NS ("X" BOX FOR AT	FACHMENT) TILL IN SPACE Director Name	S BEFORE USING ATTAC	CHMENTS
Jason Grant				05	ဟ
Street Address	•	-	Bruce R. Ruttenberg	g A Fo	CC CC
42 Weybosset Street					200 E
City	-	- <u>-</u>	One Park Row, Suite	·	3-4
Providence		02903	City Providence	Stole	210-22 5-
Director Name			•	RI P	02903
None			Director Name None	<u> </u>	SS
Street Address	-	-	Street Address	∵	57 C
			PARET WOOLESS		<# <u></u>
City	State 2	ip .	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTAC		11. SHARES ISSUED ("X" BOX	FOR ATTACHMENT)	
Mushan acct.	Class/Scries P	ar Volue	ISSUED SHARES Number of Shares	Class/Series	Par Value
4,000 COMM NO PAR VA	LUE		100	Common	No Par Value
		-	• •	▼ · · ·	ror varue
This report must be signed i	n ink by either the l	President, Vice Pres	ident, Secretary, Assistant S	Secretary, Treasurer, R	eceiver or Trustee

80290 DBC5/21/033:16:09 PM File Date Check No. 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.

Jason Grant

Print or Type Name of Officer

President Title of Officer

Form 630 12/01



STATE OF RHODE ISLAND	ntathew A. Brown, Secretary of Stat
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State	Corporations Division
Office of the Secretary of State	100 North Main Street, Providence, RI 02903-133
*****	401.222.304
ROFIT CORPORATION ANNUAL REPORT FO iling Period: January 1 - March 1 Filing Fee: \$50.00 FORM MUST BE TYPED IN BLACK)	OR THE YEAR 2004

1. Corporate ID No. 2. Name of Corporation *80290* Grant Marketing, Inc. 3. Street Address Principal Business Office City 140 WICKENDEN STREET State Zip PROVIDENCE RI 4. Business Phone No. 02903 5. State of Incorporation 4014532730 6. SIC Code RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island
BUSINESS OF PROVIDING MARKETING AND COMMUNICATION SERVICES 6676

9 NAMES AND ADD		TOTAL CALL	on Services		
President Name	RESSES OF THE OF	FICERS ("X" BOX FO	RATTACHMENT) FILL INS	PACES BEFORE USING A	ATTACHMENTS
Jason Grant			Vice President Name None		
Street Address			Street Address		
140 Wickenden S	treet		Sireel Address		
City	State	Zip	Cia	- .	
Providence	RI	02903	City	State	Zip
Secretary Name		02703	T		
Bruce R. Rutten	berg		<i>Treasurer Name</i> Jason Grant	• • •	
Street Address	_				
One Park Row, S	uite 300		Street Address		
City	State	Zip	140 Wickenden S	Street_	
Providence	RI	02903	City	State	Zip
9. NAMES AND ADDR	ESSES OF THE DIE	PECTORS was	Providence	RI	02903
Director Name	- THE DIF	ECTORS ("X" BOX FO	Providence OR ATTACHMENT) FILL IN :	SPACES BEFORE USING	ATTACHMENTS
Jason Grant			Sirector Tiging		
Street Address			Bruce R. Rutter	nberg	
140 Wickenden St	reat		Street Address	· · · · · · · · · · · · · · · · · · ·	
City			One Park Row, S	Suite 300	
Providence	State	Zip	Ciry - —	State	Zip
Director Name	RI	02903	Providence	·RI	02903
None			Director Name	• • • • • · · · ·	04703
Street Address			None		
on the March			Street Address		
City	State	7 :	6 11		
		Zip	City -	Stole	·Zip
10. SHARES AUTHORI	ZED ("X" ROX FOR	ATTACUMENTS [7]			
VC 1 HCKISED SHVKES		ATTACIMENT)	11. SHARES ISSUED ארץ	" BOX FOR ATTACHMEN	カロ
Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	- <u></u>	
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4,000 COMM NO PAF	RVALUE		100	' Common	
			• =	COmmon	No Par Value

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



80290 DBC5/	21/033:16:09 PM
File Date	7-6-04
Check No	7223
В <u>у:</u>	- Cr
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 ďason Grant Print or Type Name of Officer

President Title of Officer

Form 630 12/01



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

(FORM MUST BE TYPEL) I. Corporate ID No.		•				
80290	2. Name of Corp Grant Mark					
3. Street Address Principal	Business Office	reung, inc.				
140 WICKENDEN	STREET		Ciņ	State	Zip	
4. Business Phone No.	OTREET.		PROVIDENCE	RI	02903	
4014532730	J. Sittle by Incorpora		ation		6. SIC Code	
	Character of Purimer C	RHODE ISLA	AND	ND locac		
_		and Communication				
8. NAMES AND ADD	RESSES OF THE OF	FICERS C'X" BOX FOR	ATTACHMENT) FILL IN	PACES DECORD VICTOR		
President Name Jason Grant			Vice President Name	STACES BEFORE USING	ATTACHMENTS	
Street Address			• None			
140 Wickenden S	't waat		Street Address			
City			•			
Providence	State RI	Zip	City	State	Žip	
ecretary Name	! ^	02903	•			
Bruce R. Rutten	hera		Treasurer Name	• • • • • • • • • • • • • • • • • • • •		
Street Address			Jason Grant			
One Park Row, S	Suite 300		Street Address			
Chr	State	70.	.140 Wickenden	Street		
Providence	RI	<i>Zip</i> 02903	City	State	Zip	
9. NAMES AND ADDE		PECEODE COM SON SON	.Providence	RI	02903	
Pirector Name	COUNTY OF THE DIF	CECTORS ("X" BOX FO	PRATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS	
Jason Grant			• • • • •			
irces Address	· · · · · · · · · · · · · · · · · · ·		Bruce R. Ruttenberg			
140 Wickenden S	treet		· Street Address			
lity	State	Zip	One Park Row,			
Providence	RI	02903	·City Providence	State	Zip	
Pirector Name				RI	02903	
ione			Director Name None			
treet Address			*Street Address			
			• Sireel Magress			
City:	State	Zip	£lij.	State	Ζίρ	
		1	•	1	ι μ	
0. SHARES AUTHOR	IZED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED CO	" BOX FOR ATTACHMEN	<u> </u>	
UTHORIZED SHARES	<u> </u>		ISSUED SHARES	- DON TORALIACIESER	<u> </u>	
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
,000 COMM NO PAI	R VALUE		100		1 1111111111111111111111111111111111111	
			100	Common	No Par Value	
	·					
us report must be sig	ned in ink by eithe	r the President, Vice.	President, Secretary, Assis	stant Secretary Treas	war Racaivan on Tours	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, Treas	irer, Neverver or Truste	
1 10 1 10 10 1	BEITE WEIT IEUR Berriere					
	iona inomion in in 1914 (1984					
* 0 (J		Under penalty of per	jury, I declare and affirm t	hat I have examined	
80290 DBC5/21/03:	3:16:00 DM*	-	and that all statemen	any accompanying sched	ules and statements,	
101.0	3. 10.09 P(V)		and that bit statemen	ts contained herein are tru	e and correct.	
ile DateU	105	-	سسبيه (سا	- 19		
heck No. Cod	1 0 900	\mathcal{A}	Signature of Officer	- 1 Court	10/8/03	
heck No. QQ	x) (101	<u>-</u>	Jason Gran		MIE	
••	V 14.	1	Print or Type Name of			
	1-MV-7-	.		- ₁₀		
OR SECRETARY OF STAT	TE USE ONLY		President			
			Title of Officer		Form 630 12.0	

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL 2222

Filing Period: January 1-March 1	Filing Fee: \$50.00	FOR	THE	YEAR	<u>2002</u>
FORM MUST BE TYPED IN BLACK)					
C					

(FORM MUST BE TYPED II	V BLACK)	g = === 0001W.	•		INSTRUCT
1. Corporate ID No.	2. Name of Corpo	ration			
80290	Grant Mar	keting, Inc.			
3. Street Address Principal Bu.	siness Office	U .	City	State	7:-
140 Wickenden	Street		Providence	RI	Ζίρ 02903
4. Business Phone No.		5. State of Incorporati		***	6. SIC Code
(401) 453-2730 7. Brief Description of the Cha			ND		6676
Marketing an	d communication	n services			
8. NAMES AND ADD President Name	RESSES OF THE OF	FICERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES	BEFORE USING ATTAC	THMENTE
			Vice President Name		cuare(13
Jason Grant Street Address			None		
140 Wickenden	Street		Street Address	•	
City	State	*1			
Providence Secretary Name	RI	02903	City	State	Zip
Bruce R. Rutte	nberg		Treasurer Name		
Street Address			Jason Grant Street Address		
One Park Row,	Suite 300		140 Wickende	nn Camana	
City	State	Zip	City		
Providence	RI	02903	Providence	State RI	Zip
Diff. Or Name	RESSES OF THE DIR	ECTORS ("X" BOX FOR AT		S BEFORE USING ATTA	02903 ACHMENTS
Jason Grant Street Address			Bruce R. Rutt	enberg	
140 Wickenden	Street		One Park Row	Suite 300	
City	State	Zip	City	State	Zip
Providence Director Name	RI	02903	Providence Director Name	RÍ	02903
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ZED (*X* BOX FOR ATT)	ACHMENT)	11. SHARES ISSUED (*)	(* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	ESSUED SHARES		
4,000 COMM NO PAR		- NY PENE	Number of Shares 100	Class/Series	Par Value

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

100



File Date:	2/21/02	
Check No.:	6022	
Ry:	de	
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.

Common

6	
Janor Stew	1 2/16/02
Signature of Officer Jason Grant	Date

Print or Type Name of Officer

President

Title of Officer **€**}≥ 5

Form 630 12/01

No Par Value

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID N 80290

2. Name of Corporation
Grant Marketing, Inc.

3 Street Address Principal Busine 140 Wickenden				City Providence	State R I	Zip
4. Business Phone No.	001000			Providence	K1	0290
(401) 453-273	n	5. State of RHOD	Incorporation E ISLAN	D		6 SIC Code 6676
7 Brief Description of the Charac				-		0070
Marketing and						
8. NAMES AND ADDRE President Name Jason Grant	22F2 OF THE OFF	ICERS ("X" BO	X FOR ATTAC	HMENT) FILL IN SPACES E Vice President Name None	BEFORE USING ATTA	CHMENTS
Street Address 140 Wickenden	Street			Street Address		
City Providence	State RI	Zip	02903	City	State	Zip
Secretary Name Bruce R. Rutte	enberg			Treasurer Name Jason Grant		
Street Address One Park Row S	Suite 300			Street Address 140 Wickenden	Street	
Providence	State RI	Zip	02903	cuy Providence	State RI	Zip 02901
D. NAMES AND ADDRE Director Name Jason Grant	SSES OF THE DIRI	ECTORS (*x* 1	OX FOR ATT)	OCHMENT) FILL IN SPACES Director Name Bruce R. Rutte	BEFORE USING ATT	
treet Address 140 Wickenden	Street			Street Address One Park Row S		
Providence	State RI	Zip	02903	City Providence	State RI	Zıp 02903
Director Name				Director Name		
treet Address				Street Address		
ity	State	Zip		City	State	Zip

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

ESSUED SHARES

Number of Shares

100

	* 8 0 2 9 0 *
^F ile Date:,	4/2/2001-
COR SECRETARY OF ST	

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

4,000 COMM NO PAR VALUE

Class/Series

Par Value

AUTHORIZED SHARES

Number of Shares

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.

Class/Series

Common

Jason Grant

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

Print or Type Name of Officer President

Title of Officer

Famil 630 12700

Par Value

No Par Value

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 2000

STOP PILIMERIAD INSERT CHOSS

Filing Period: January 1-March 1 •	Filing Fee: \$50.00	FOR THE	YEAR ====
(FORM MUST BE TYPED IN BLACK)			

1. Corporate ID No. 80290	2 Name of Cospos Grant Mai	keting, 1	inc.			
3. Street Address Principal Busine 140 Wickenden	ss Office			City	State	Zip
4. Business Phone No.	501000			Providence	RI	02903
(401) 453-2730	1	ŔĬĤŐĎ	/Incorporation)		^{6.} 8878°
7. Brief Description of the Charac		in Rhade Island				
Marketing and			•			
8. NAMES AND ADDRE	SSES OF THE OF	TOEDS (*Y* BC) Y EOD ATTAC	Courses Filt the courses		
President Name Jason Grant	01	TCERS (X B	A FOR ATTAC	Vice President Name None	BEFORE USING AT	TACHMENTS
Street Address 140 Wickenden	Street			Street Address		
Providence	State RI	Zip	02903	City	State	Zip
Secretary Name Bruce R. Rutte	nberg			Treasurer Name Jason Grant		
Street Address One Park Row S	uite 300			Street Address 140 Wickenden	Street	
City	State	Zip		City	State	•
Providence	RI	•	02903	Providence	RI	21p 02903
NAMES AND ADDRE	SSES OF THE DIR	ECTORS (*x*.	BOX FOR ATT	ACHMENT) FILL IN SPACE	S BEFORE USING A	
Director Name Jason Grant				Director Name Bruce R. Rutte		II IACHMENIS
treet Address 140 Wickenden	Street			Street Address One Park Row S	Suite 300	
City	State	Zip		City	State	Žip
Providence	RI		02903	Providence	RI	02903
Hrector Name	•	•		Director Name		
treet Address				Street Address		
ity	State	Zip		City	State	Zip
O. SHARES AUTHORIZE	D ("X" BOX FOR ATT	ACHMENT)		11. SHARES ISSUED (*)	C BOX FOR ATTACHM	ENT)
UTHORIZED SHARES				ISSUED SHARES		
umber of Shares	Class/Series	Par Value		Number of Shares	Class/Series	Par Value
4,000 COMM NO PA	R VALUE			100	Common	No Par Value

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



FILED

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.

Anon Secret 1/10

Signature of Officer

Jason Grant

Print or Type Name of Officer
President

Title of Officer

State

Class/Series

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

4000 COMMON NO PAR VALUE

Zip

Par Value

(FORM MUST BE TYPED IN BLACK)

City

AUTHORIZED SHARES

Number of Shares

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INVIRUCTIONS

1. Corporate ID No. 2. Name of Corporation Grant Marketing, Inc. 3. Street Address Principal Business Office City State Zip 140 Wickenden Street Providence RI 02903 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401) 453-2730 RHODE ISLAND 6676 7. Brief Description of the Character of Business Conducted in Rhode Island Marketing and communication services 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Jason Grant Street Address Street Address 140 Wickenden Street City ZIp City State Zip Providence RI 02903 Secretary Name Treasurer Name Bruce R. Ruttenberg Jason Grant Street Address Street Address One Park Row Suite 300 140 Wickenden Street City State 2.10 City Zip Providence 02903 Providence RI 02903 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Jason Grant Bruce R. Ruttenberg Street Address Street Address 140 Wickenden Street One Park Row Suite 300 City State Zip City State Providence RI 02903 Providence RΙ 02903 Director Name Director Name Street Address Street Address

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

City

ISSUED SHARES

Number of Shares

100

State

Class/Series

Common

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

Zip

Par Value

No Par Value

Corne 21 12 /04

	Under penalty of perjury, I declare and affirm that I have examined this operat, including any accompanying schedules and statements, and
File Date:	that all statements contained herein are seve and correct.
Check No.:	Signature of Officer Date Bruce R. Rutterberg
OR SECRETARY OF STATAUSE ONLY	Frint or Type Name of Officer Secretary
ON DEGREE AND THE ONE	Title of Officer

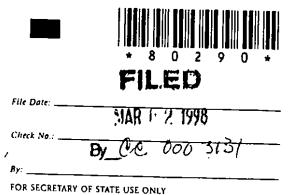
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation

80290	Grant Ma	rketing, Inc.			
3. Street Address Principal Bus	iness Office	g,	City	State	~
140 Wickenden S 4. Business Phone No.	treet	5. State of Incorporal	Providence	RI	21p 02903
(401) 453-2730 2. Brief Description of the Char	acter of Rusiness Conducter	RHODE ISL			6. SIC Code 667
Marketing and case 8. NAMES AND ADDI	ommunication •	servicee	TACHMENT)		
Jason Grant			Vice President Name		
Street Address 140 Wickenden St	treet		Street Address		
City	State	Zip	City	_	
Providence Secretary Name	RI	02903		State .	Zip
Bruce R. Ruttenk	perg		Treasurer Name Jason Grant	· • ·	•••
One Park Row Sui	ite 300		Street Address	n	
City	State	Zip	140 Wickenden :		
Providence 9. NAMES AND ADDR Director Name	RI ESSES OF THE DIR	02903 ECTORS (*X* BOX FOR A	Provident	State RI	zip 02903
Jason Grant			Director Name Bruce R. Rutter	nberg	
Street Address 140 Wickenden St	reet	·	Street Address	_	
City	State	Zip	One Park Row St		
Providence Director Name	RI	02903 .	Providence Director Name	State RI	71p 02903
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATT.	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHME	·
Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
4000 COMMON NO	PAR VALUE		100	Common	No Par Value

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

Common

No Par Value

Signature of Officer Date Jason Grant

Print or Type Name of Officer

President Title of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

80290

Grant Marketing, Inc.

		ddress Principal Busir	
	140	Wickenden	Street
4	Busines:	s Phone No.	
	(401) 453-2730	

5. State of Incorporation

02903

City

State Providence

Zip02903

6. SIC Code 6676

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

Marketing and communication services

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

Jason Grant

President Name

Street Address

140 Wickenden Street City

Providence

Secretary Name

Bruce R. Ruttenberg

Street Address

One Park Row

' City

Providence

State RI

02903

Zip

Vice President Name

None

Street Address

City

Treasurer Name Jason Grant

Street Address

140 Wickenden Street

City

Street Address

Director Name

Street Address

Providence

RI

State

02903

Žip

Zip

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

RI

Jason Grant

Street Address

140 Wickenden Street

City

Providence

Director Name Bruce R. Ruttenberg

Street Address

One Park Row

City Providence

State RI

RI

Zip

02903

02903

City

City

State

State

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Par Value

ZSVARIZ CETUZZI

Number of Shares

Class/Series

Par Value

4000 COMMON NO PAR VALUE

100

Common

No Par Value

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



Check No.:

FOR SECRETARY OF STATE USE ONLY

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

Jason Grant

President

Print or Type Name of Officer

Title of Officer



ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division

100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

mng Fee: \$50,00					- 1010110 10000 1000 1000
CORPORATE ID NO.	2 NAME OF CORPORATION	PLEASE TYPE O	R PRINT IN BLACK INK.		· · · · · · · · · · · · · · · · · · ·
80290	Grant	Ma-16-4			
). STREET ADDRESS PRINCIPAL BUSINESS (OFFICE	Marketing, Inc	air —		
140 Wickenden S	treet			STATE	ZIP CODE
BUSINESS PHONE NO.		S STATE OF INCORPORATION	Providence	RI	02903
(401) 453-2730		1	OT THE		6 SIC CODE
BRYEF DESCRIPTION OF THE CHARACTER O	F BUSHTESS CONDUCTED IN RHOCE ISL	RHODE I	SLAND		6676
Marketing and c					
SIDENT NAME	8. NAM	ES AND ADDE	RESSES OF THE O		<u> </u>
Jason Grant	•	•	VICE PRESIDENT NAME	T. L. L. C. E. H. S.	
EET ADDRESS			None		
140 Wickenden St	treet		STREET ADDRESS		
	STATE	ZP COOE	1	·	
Providence	RI	02903	COLLA	STATE	ZP COOE
RETARY NAME		02303	TREASURER HAVE		
Bruce R. Ruttenk	œrg		Jason Grant		
ET ADDRESS			SIRET ADDRESS	——————————————————————————————————————	
One Park Row			140 Wickenden	Street	
Providence	STATE	ZIP CODE	any	SIATE	- Laboure
	RI	02903	Providence Esses of the o	RT	02903
Jason Grant TAURES 140 Wickenden St	reet		DRECTOR HAME STREET ADDRESS		<u> </u>
	STATE	ZIP CODE	OTY	Lever	
rovidence	RI	02903		STATE	ZP C00€
Bruce R. Ruttenb	erg		DIRECTOR NAME		
eratoress One Park Row			STREET ADDRESS		
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Fresio	ent, vice President,	Secretary, Assista	ant Secretary, Treasurer,	Receiver or Truste	e 💻
			report, including	i perjury, I declare and : any accompanying ech	affirm that I have examine edules and statements, ar
1	/		all statements co	intained herein are true	and correct.
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File Date:

8y:

3/4/96

For Secretary of State Use Only

Check No:

17027

Jason Grant Print or Type Name of Officer

President

2-27-96

Oate

Title of Officer

Signature of Officer

DETACH ROTTOM REFORE DETURNING

GRANT MARKETING, INC.

Unanimous Consent Action by Directors

Pursuant to the provisions of Section 7-1.1-39.1 of the Rhode Island General Laws of 1956, as amended, and Section 3.08 of the By-Laws of GRANT MARKETING, INC. (the "Corporation"), the undersigned, being all of the Directors of the Corporation, hereby consent to the following resolutions which are deemed to be adopted as if adopted at a meeting of the Board of Directors of the Corporation duly called and held on February 15, 1996 at which all of the Directors were personally present and voting in the affirmative:

RESOLVED: That all acts of the officers of the Corporation, for and on behalf of the Corporation, to the date hereof be, and the same hereby are, ratified, confirmed and approved; further

RESOLVED: That the following individuals be elected officers of the Corporation, each to hold office until his or her successor is duly elected and qualified:

President Jase Secretary Brue Treasurer Jase

Jason Grant Bruce R. Ruttenberg

Jason Grant

IN WITNESS WHEREOF, the undersigned have executed this Consent as of February 15, 1996.

Jason Grant

Bruce R. Ruttenberg

91506

GRANT MARKETING, INC.

Consent Action by Sole Shareholder In Lieu of Annual Meeting

Pursuant to the provisions of Section 7-1.1-30.3 of the Rhode Island General Laws of 1956, as amended, the undersigned, being the sole shareholder of GRANT MARKETING, INC. (the "Corporation"), does hereby consent to the following resolutions which are deemed to be adopted as if adopted by unanimous vote at a meeting of the shareholders of the Corporation duly called and held on February 15, 1996.

RESOLVED: That all acts of the Directors of the Corporation, for and on behalf of the Corporation, to the date hereof be, and the same hereby are, ratified, confirmed and approved; further

RESOLVED: That the following individuals be, and they hereby are, elected as Directors of the Corporation until their respective successors are duly elected and qualified:

Jason Grant Bruce R. Ruttenberg

IN WITNESS WHEREOF, the undersigned has executed this Consent as of February 15, 1996.

Jason Grant

91506

Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0080290

Annual Report for the year:

1995

Name	of	Con	porat	ion:
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Grant Marketing, Inc.

Business entity organized under the laws of the State of:

RΤ

For foreign entity, address and telephone number of principal office:

Business Entity is (check one):

tion services

[x] Business Corporation (See RIGL Chapter 7-1.1)

[] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:

To perform marketing and communica-

Phone: ()

Address and telephone of the principal office of business entity in Rhode

Island (Provide street address - Not P.O. Box): 140 Wickenden Street

Providence, RI 02903

Phone: (401) 453-2730

Jason Grant VICE PRESIDENT (Vacant) SECRETARY Bruce R. Ruttenberg One Park Row Jason Grant 140 Wickenden Street STRIET ADDRESS CITY/STATE One Park Row Providence, RI TREASURER Jason Grant 140 Wickenden Street Providence, RI THE NAMES OF THE DIRECTORS ARE: STRIET ADDRESS CITY/STATE Providence, RI THE NAMES OF THE DIRECTORS ARE: STRIET ADDRESS CITY/STATE One Park Row Providence, RI NAME STRIET ADDRESS CITY/STATE One Park Row Providence, RI NAME STREET ADDRESS CITY/STATE One Park Row Providence, RI NAME STREET ADDRESS CITY/STATE NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING Number of Shares Class / Scries A,000 Common 100 Common	
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4,000 Common	G (Rider may be attached)
By Jason Grant	
TITLE OF OFFICER SIGNING	
EASE NOTE: If the registered office and/or registered agent indicated below is incorrect. Form 9 must be filed.	

BRUCE R. RUTTENBERG LICHT & SEMONOFF ONE PARK ROW PROVIDENCE - RT OS

RI 02903

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