

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		· 			
. Corporate ID No.	2. Name of Corpor				
<u> 123289 </u>	Edgar,_	Inc			
. Street Address Principal E	Business Office		Ciry	State	Zip
P.O. Box 41	9		Barrington	RI	02806
l. Business Phone No.		5. State of Incorporat	tion		6. SIC Code
(401) $247-7$	900	New Yor	k		2618
Brief Description of the C		lucted in Rhode Island	· · · · · · · · · · · · · · · · · · ·		1 2010
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cretary Name			Treasurer Name		
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9. NAMES AND ADDR	ESSES OF THE DIR	CTORS ("X" BOX FO	RATTACHMENT) FILL IN SPA	CES BEFORE USING	ATTACHMENTS
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10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			ISSUED SHARES		
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			Under penalty of perjui		
			this report, including ar	iy/accompanying sched	ules and statements,
	1 1		and that all statements	ontained herein are tru	e and correct.
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	_ , _ '_/		Signature of Officer	1011	Date
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FOR SECRETARY OF STATE USE ONLY					
FOR SECRETARY OF ST	ATE LISE ONLY	-	President		Form 630 I



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. 2. Name of Corporation 123289 EDGAR, 3. Street Address Principal Business Office State PROVIDENCE ⁷02907 RI 95 HATHAWAY STREET 4 Business Phone No. 5 State of Incorporation 6. SIC Code 2618 (401)247 - 79007. Brief Description of the Character of Business Conducted in Rhode Island GENERAL MERCHANDISER TO RETAILERS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name EDGAR BERREBBI Street Address Street Address 95 HATHAWAY STREET City State Zip PROVIDENCE RI 02907 Secretary Name Treasurer Name Street Address Street Address CHY State Zip State 7.ip 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name EDGAR BERREBBI Street Address Street Address 95 HATHAWAY STREET Cliv PROVIDENCE 02907 RI Director Name Director Name Street Address Street Address City State Zip City State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Class/Series Par Value Number of Shares Par Value -0-200 NO PAR 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, Vocclare and		
including any accompanying schedules contained he eight true and concept.	and statements	, and that all statement
Sed April	<u> </u>	12/24/04
Signiture of Officer // EDGAR BERREF BI		Date '
Print or Type Name of Officer PRESIDENT		
Title of Officer		



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

PLEASE INSTRU	READ
INSTRU	TIONS

1. Corporate ID No.	PRINTED IN BLACK)				
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95 Ha 4. Business Phone No.		reet	Providence	State RI	210290
(401) 21. Bilef Description of the Ch	47-7900	5. State of Incorpo			6. SIC Code 261
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irector Name		0 10	f. Director Name		•
reet Address			Street Address		
ity	State	Zip	City	State	Zip
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	IZED ("X" BÓX FOR ATT	ACHMENT)			(1)
D. SHARES AUTHOR	IZED (°X° BÓX FOR AT) Class/Series	ACHMENT) Par Value	ISSUED SHARES Number of Shares	Class/Series	(T) Par Value

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

	* 1 2 3 2 8 9 *
File Date:	1.28-03
Check No.:	8388
By:	de
OR SECRETAR	Y OF STATE USE ONLY

Under penalty of perjury, I declare and affir	
this report, including my accompanying sch	
that all statements southained herein are true	and correct.
Buf Pal	1/28/03
Signafure of Officer Q 11	ifine
Ragar Berrebbi	
Pringer Tope Name of Officer TES IDENT	
Title of Officer	
4 200 5	Form 630 12102