



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

Matthew A. Brown, Secretary of State

Corporations Div.
1001 North Main St.
Providence, RI 02903
401.222.2222

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. 103094		2. Name of Corporation INKWELL COMMUNICATIONS, Ltd.		
3. Street Address Principal Business Office 216 8th Street # 1		City Providence	State RI	Zip 02906
4. Business Phone No. 273-9373		5. State of Incorporation RHODE ISLAND		
7. Brief Description of the Character of Business Conducted in Rhode Island GRAPHIC DESIGN, ADVERTISING AND PUBLIC RELATIONS.		6. SIC Code 7260		
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Kristen O'Grady		Vice President Name None.		
Street Address 216 8th Street # 1		Street Address		
City Providence	State RI	Zip 02906	City	State
Secretary Name Kristen O'Grady		Treasurer Name Kristen O'Grady		
Street Address 216 8th Street # 1		Street Address 216 8th Street # 1		
City Providence	State RI	Zip 02906	City Providence	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name None.		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series
1,000 NO PAR VALUE			100	N/A
				No Par Value

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



103094

File Date **9/22/05**
Check No. **1720**
JMD
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

Kristen O'Grady

Print or Type Name of Officer

President

Title of Officer



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

Matthew A. Brown, Secretary of State

Corporations Div
100 North Main St.
Providence, RI 02903-1
401.222.3

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. 103094		2. Name of Corporation INKWELL COMMUNICATIONS, Ltd.		
3. Street Address Principal Business Office 216 8th Street # 1		City Providence	State RI	Zip 02906
4. Business Phone No. 273-9373		5. State of Incorporation RHODE ISLAND		
7. Brief Description of the Character of Business Conducted in Rhode Island GRAPHIC DESIGN, ADVERTISING AND PUBLIC RELATIONS.		6. SIC Code 7260		
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Kristen O'Grady		Vice President Name None		
Street Address 216 8th Street # 1		Street Address		
City Providence	State RI	Zip 02906	City	State
Secretary Name Kristen O'Grady		Treasurer Name Kristen O'Grady		
Street Address 216 8th Street # 1		Street Address 216 8th Street # 1		
City Providence	State RI	Zip 02906	City Providence	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name None.		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES	
1,000 NO PAR VALUE			Number of Shares 100	Class/Series N/A
				Par Value No Par Value

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



* 1 0 3 0 9 4 *

Date **2/17/04**

Check No. **2011**

SE

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 **Kristen O'Grady** Date **2/11/04**

Print or Type Name of Officer
President

Title of Officer

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. **103094** 2. Name of Corporation **INKWELL COMMUNICATIONS, Ltd.**
3. Street Address Principal Business Office **216 - 8th Street #1** City **Providence** State **RI** Zip **02906**
4. Business Phone No. **273-9373** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7260**

7. Brief Description of the Character of Business Conducted in Rhode Island **GRAPHIC DESIGN, ADVERTISING AND PUBLIC RELATIONS, AND TRANSACTION OF ANY/ALL LAWFUL BUSINESS PERMITTED UNDER INCORPORATION STATUTES.**

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

President Name **KRISTEN O'GRADY** Vice President Name **NONE.**
Street Address **216 - 8TH STREET, NO. 1** Street Address
City **PROVIDENCE** State **RI** Zip **02906** City State Zip

Secretary Name **KRISTEN O'GRADY** Treasurer Name **KRISTEN O'GRADY**
Street Address **216 - 8TH STREET, NO. 1** Street Address **216 - 8TH STREET, NO. 1**
City **PROVIDENCE** State **RI** Zip **02906** City **PROVIDENCE** State **RI** Zip **02906**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **NONE.** 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)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	N/A	NO PAR VALUE

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



* 1 0 3 0 9 4 *

File Date: **4-14-03**

Check No: **1976**

By: **KP**

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 **Kristen O'Grady** Date **4/8/03**

Print or Type Name of Officer **KRISTEN O'GRADY**

Title of Officer **PRESIDENT**

Form 630 1202



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

Edward S. Inman, III, Secretary of State
Corporations Div.
100 North Main Street, Providence, RI 02903-1
401-222-31

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 103094		2. Name of Corporation INKWELL COMMUNICATIONS, Ltd.	
3. Street Address Principal Business Office 193 10th Street #2		City Providence	State RI
4. Business Phone No. 273-9373		Zip 02906	6. SIC Code 7260
5. State of Incorporation RHODE ISLAND			
7. Brief Description of the Character of Business Conducted in Rhode Island Graphic design, advertising and public relations and transaction of any/all lawful business permitted under incorporation statute			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Kristen O'Grady		Vice President Name None.	
Street Address 193 10th Street #2		Street Address	
City Providence	State RI	City	State
Zip 02906		Zip	
Secretary Name Kristen O'Grady		Treasurer Name	
Street Address 193 10th Street #2		Street Address	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name None.		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares 1,000 NO PAR VALUE	Class/Series	Par Value	
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares 100	Class/Series N/A	Par Value No Par Value	

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



* 1 0 3 0 9 4 *

File Date: 2-26-02
Check No.: 1003
By: [Signature]

OR 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] 2/20/02
Signature of Officer Date

Kristen O'Grady
Print or Type Name of Officer

President
Title of Officer

5



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

Corporations Division
100 North Main Street, Providence, RI 02903-4401
401-222-4401



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 No. **103094** 2. Name of Corporation **INKWELL COMMUNICATIONS, Ltd.**

3. Street Address Principal Business Office **193 10th Street #2** City **Providence** State **RI** Zip **02906**
4. Business Phone No. **273-9373** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7280**

7. Brief Description of the Character of Business Conducted in Rhode Island **Graphic design, advertising and public relation: and transaction of any/all lawful business permitted under incorporation statute**

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

President Name **Kristen O'Grady**

Street Address **193 10th Street #2**

City **Providence** State **RI** Zip **02906**

Secretary Name **Kristen O'Grady**

Street Address **193 10th Street #2**

City **Providence** State **RI** Zip **02906**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **None.**

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
1,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	N/A	No Par Value

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



* 1 0 3 0 9 4 *

File Date: 2/2

Check No.: 1428

By: ec

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.

Kristen O'Grady 1/31/01
Signature of Officer Date

Kristen O'Grady
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 Div.
100 North Main Street, Providence, RI 02903-1
401-222-3

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. 103094		2. Name of Corporation INKWELL COMMUNICATIONS, Ltd.	
3. Street Address Principal Business Office 193 10th Street #2		City Providence	State RI
4. Business Phone No. 273-9373		Zip 02906	
5. State of Incorporation RHODE ISLAND		6. SIC Code 7260	
7. Brief Description of the Character of Business Conducted in Rhode Island Graphic design, advertising and public relation and transaction of any/all lawful business permitted under incorporation statu			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Kristen O'Grady		Vice President Name None	
Street Address 193 10th Street, #2		Street Address	
City Providence	State RI	City	State
Zip 02906		Zip	
Secretary Name Kristen O'Grady		Treasurer Name	
Street Address 193 10th Street, #2		Street Address Kristen O'Grady	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name None.		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
1,000 NO PAR VALUE			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
100	N/A	No Par Value	

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



★ 1 0 3 0 9 4 ★

File Date: 3/3/00

Check No.: 1051

By: cc

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.

Kristen O'Grady 2/28/00
Signature of Officer Date

Kristen O'Grady

Print or Type Name of Officer

President

Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

103094

2. Name of Corporation

INKWELL COMMUNICATIONS, Ltd.

3. Street Address Principal Business Office

193 10th Street #2

City

Providence

State

R.I.

Zip

02906

4. Business Phone No.

273-9373

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7260

7. Brief Description of the Character of Business Conducted in Rhode Island Graphic design, advertising and public relations and transaction of any/all lawful business for which corporations may be incorporated.

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

President Name

Kristen O'Grady

Street Address

193 10th Street, #2

City

Providence

State

R.I.

Zip

02906

Vice President Name

None

Street Address

City

State

Zip

Secretary Name

Kristen O'Grady

Street Address

193 10th Street, #2

City

Providence

State

R.I.

Zip

02906

Treasurer Name

Kristen O'Grady

Street Address

193 10th Street, #2

City

Providence

State

R.I.

Zip

02906

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

None.

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

N/A

No Par Value

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



* 1 0 3 0 9 4 *

File Date:

May 1, 99

Check No.:

178

By:

[Signature]

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

Kristen O'Grady

Print or Type Name of Officer

President

Title of Officer

Date

2/26/99