

FOR SECREYARY OF STATE USE ONLY

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

Matthew A. Brown, Secretary of State

Corporations Du-190 North Mann S Providence, Rt 02093

PROFIT CORROR LIBERT	•
THE CORPORATION	ANNUAL REPORT FOR THE YEAR
Illing Period: January 1 - March 1 •	THE VEYOR FOR THE VEAD
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401.2222005 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) Converate II) No 2 Name of Conforation 103094 INKWELL COMMUNICATIONS, Ltd. 3 Street Address Penicipal Business Office 216 8th Street # 1 ĊШ State 4. Business Physic No. Providence 5 State of Incorporation .RT 273-9373 02906 **RHODE ISLAND** Tescription of the Character of Basiness Canelinated in Rhode Island GRAPHIC DESIGN, ADVERTISING AND PUBLIC RELATIONS. 7260 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Kristen O'Grady Vice President Name None. Street Address Street Address 216 8th Street Providence CitState 02906 Kristen O'Grady Treasurer Name Kristen O'Grady Street Address 216 8th Street # 1 Street Address City <u> 216 8th Street #</u> Providence RI Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) 02906 Vidence | RI | 02906 [] FILL IN SPACES BEFORE USING ATTACHMENTS None. Street Address Street Address it Zip Ca_{Σ} $Z\psi$ Director Name Director Name Street Address Street Address 11, State Zit c_{iii} State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) JUTHORIZED SHARES Sumber of Shares ISSUED SHARES Class Series Par Value Number of Shares Class Series 1,000 NO PAR VALUE 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 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements containe herein are true and correct.

> Kristen O'Grady Print or Type Name of Officer President

Title of Officer

Form 630 Rev. 12/03



FOR SECRETARY OF STATE USE ONLY

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

Matthew A. Brown, Secretary of State

Corporations Dier 100 North Main S.

Providence, RI 02903-1 401.222.3

Form 630 Rev. 12/03

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This report must be signal.		ither the President, Vice 1	Under penalty of princluding any accordaints herein a	stant Secretary. Treasurer, berjury. I declare and affirm the impanying schedules and state true and correct.	Receiver or Trustee that I have examined this repondements, and that all statements	

Title of Officer

Edward S. Inman, III. Secretary of Ste Corporations Divin 100 North Main Street, Providence, RI 02903-13.

401-222-30-

2003

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) 1. Corporate ID No. 2. Name of Corporation 103094 INKWELL COMMUNICATIONS, Ltd. 3 Street Address Principal Business Office City State Zip 216 - **8**th Street Providence RI02906 4 Business Phone No. 5. State of Incorporation 6 SIC Code 273-9373 **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 STATUTES 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name KRISTEN O'GRADY NONE. Street Address Street Address 216 - 8TH STREET, NO. 1 State Z_{10} **PROVIDENCE** RI 02906 Secretary Name Treasurer Name KRISTEN O'GRADY KRISTEN O'GRADY Street Address 216 - 8TH STREET, NO. 1 216 - 8TH STREET, NO. 1 City **PROVIDENCE** 02906 **PROVIDENCE** 02906 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name NONE. Street Address Street Address City State Zip Cin State ZipDirector Name Director Name Street Address Street Address City Zin City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 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

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File Date:	4.14.03
Check No :	1976
By:	<u> </u>
FOR SECRETARY OF ST	ATE 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.

Print or Type Name of Officer				
PRESIDENT				
Title of Officer	 - —	·	——	
A 5			Form 63	0 12/0

Edward S. Inman, III. Secretary of S Corporations Divi. 100 North Main Street, Providence, RI 02903-1.

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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103094	2. Name of Corpo				
3. Street Address Principal Busin	INKWELL	COMMUNICATIONS, Ltd	!.		
193 10th	ress willice		City	State	
4. Business Phone No.	orreet #2		Providen		Zip
273-9373		5. State of Incorporati	on crosses	ce Ki	02906
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and transacti	on of any/a	all lawful bus	liness pormit	crising and p	public relation:
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Providence	State	Zip	City	_	
Secretary Name	RI	02906		State	Zip
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			Street Address	Gr doy	
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his report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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

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Kristen	_O'Grady
Print or Type Name	of Officer

President

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1. Corporate ID No. 103094

3. Street Address Principal Business Office

FOR SECRETARY OF STATE USE ONLY

A STATE OF THE STA

193 10th Street #2

Corporations Divi 100 North Main Street, Providence, RI 02903-, 401-222-.

Zip

State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

Form 630 12/00

(FORM MUST BE TYPED IN BLACK)

2. Name of Corporation
INKWELL COMMUNICATIONS, Ltd.

4. Business Phone No.	reer #3		Providence	RT	,0000
273-9373		5 State of Incorporation RHODE ISLANI		KI	02906 6. SIC Code
	uter of Burney Cond.	KHODE ISEMNI	,		e 4584
and transpor	tion of man	d in Rhode Island GRaphic Tall lawful bus	design, advert	ising and p	ublic relation
8. NAMES AND ADDR	ESSES OF THE OF	fall lawful bus	sucha beimirien	under inco	rboration statu
President Name	rears Of 14F OF	TICERS ("X" BOX FOR ATTACE	TIEL IN STACES	EFORE USING ATT	ACHMENTS
Kristen O'Gr	radv		Vice President Name		
Street Address			None.		
193 10th Str	cet #2		Street Address		
City	State	Zıp			
Providence	RI	92906	City	State	Zip
Secretary Name		77.205			
Kristen O'Gr	adv		Treasurer Name		
Street Address	,		Kristen O'	Grady	
193 Inth Str	eet #2		Street Address		
City	State	Zip	193 10th S	treet #2	
Providence	RI	02906	City	State	- Z(p
9. NAMES AND ADDRE	ESSES OF THE DIF	RECTORS ("X" BOX FOR ATTAC	Providence	RI	02906
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Director Name			Director Name		
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	HAN BAIRA NIN ARITA IAN	ner the President, Vice Pro	isident, Secretary, Assista	nt Secretary, Treas	urer, Receiver or Trustee
		J(P)			
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	iran Beraé khil Bekie (Bill) i				
* 7	U 3 Q 9 A	* *	Under penalty of perjur	y. I declare and affirm	n that I have examined
	2/2 1428		this report, including a	ny accompanying sch	edules and statements, and
File Date:	α/β		that all statements cont	ained herein app true	and correct.
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Check No.:	14d8		Synature of Office.	~ (0) ~ (4)	' 177115T ⁻ -
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<u>Kristen O'Gradv</u> Print or Type Name of Officer President

Title of Officer

James R. Langevin, Secretary of S Corporations Divi: 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

STOI PTI AND READ INSTRUCTIO

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 103094 INKWELL COMMUNICATIONS, Ltd. 3. Street Address Principal Business Office State Zio 193 10th Street #2 Providence RΙ 4. Business Phone No. 02906 5. State of Incorporation 6. SIC Code 273-9373 RHODE ISLAND 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 Vice President Name Kristen O'Grady None Street Address Street Address 193 10th Street, #2 City State ZIp City State Zio Providence RI 02906 Secretary Name Treasurer Name Kristen O'Grady Kristen O'Grady Street Address Street Address 193 10th Street, #2 193 10th Street, #2 City State City Zip Providence R I 02906 Providence 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) Ri 02906 FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None. Street Address Street Address City State Zip City State Zip Director Name Director Name Street Address Street Address City State Zio City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Sertes Par Value 1,000 NO PAR VALUE 100 N/A No Par Valu

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

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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 II statements contained herein are true and correct.

Signature of Officer

Kristen O'Grady

Print or Type Name of Officer

President

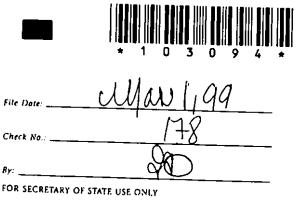
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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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



Under penalty of perjury, I this report, including any	accompanying o	schedules and seasons and	nd
Makes	ed hereinfare to	rue and correct.	110
Signature of Officer		Date	-
Kristen O'Grady	0	•	
Print or Type Name of Officer			_
President			

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No Par Value