FOR SECRETARY OF STATE USE ONLY

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

Istike v A. Brown. Secretary of a Corporations Divi 100 North Main Sucet, Pravidence, RI 02903-4 401.222.3

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PROFIT CORPO	PRATION A	NNUAL REPO	ORT FOR THE Y	EAR 2005	
Filing Period: January 1 -	March I • Filii	ng Fee: \$50.00			<del></del>
(FORM MUST BE TYPED IN B 1. Corporate ID No.	ILACK) 2. Name of Corporati	ion.			
62692		GRAPHICS, INC.		•	
3. Street Address Principal Busin			Cirv	State	Zip
29 CLIFF AVENUE	-		NEWPORT	RI	02840
4. Business Phone No.		5. State of Incorporation	7		6. SIC Code
4018558850		RHODE ISLAND	)		3954
7. Brief Description of the Chard RETAIL SALES	acter of Business Conduc	ted in Rhode Island	•		
8. NAMES AND ADDRESS	SES OF THE OFFIC	ERS ("X" BOX FOR AT	TACHMENT) 🛮 FILL IN SPAC	CES BEFORE USING ATT	TACHMENTS
President Name ANDREW KAGAN			Vice President Name		
Street Address			Street Address	-	
29 CLIFF AVE			Sirver Address		
Cin	State	Zip	City	State	Zip
NEWPORT	RI	02840	<b>5.</b> ,	Sittle	Σip
Secretary Name			Treasurer Name		
ROBERT KAGAN			_		
Street Address 29 CLIFF AVE			Street Address		
City	State	Zip	City	State	Zip
NEWPORT	RI	02840			
9. NAMES AND ADDRESS Director Name	SES OF THE DIREC	TORS ("X" BOX FOR A	TTACHMENT) T FILL IN SPA	ACES BEFORE USING A	TTACHMENTS .
ANDREW KAGAN			Director Name		
Street Address		·	Street Address		<del></del>
29 CLIFF AVE			Sireer Address		
City	State	Zip	City	State	Zip
NEWPORT	RI	02840	•		٥.,
Director Name			Director Name	•	
0					
Street Address			Street Address	<u>-</u>	•
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D CANT BOY FOR AT	racuusum 🗖			
AUTHORIZED SHARES	D ( A BOATORAL	INCHMENT)	11. SHARES ISSUED ("X" I ISSUED SHARES	BUX FUR ATTACHMENT	ЭШ
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inis report must be signet	u in ink by either i	ne Presiaeni, Vice Pr	esident, Secretary, Assista	nt Secretary, Treasur	er, Receiver or Trusi
15 6					
in à lite îloi o âlii î					
0 2 6			Under penalty of perjur	y, I declare and affirm th	at I have examined
*60000 DDG 0010 4105 0	ř <del>FD</del>	٦		ny accompanying schedul Pontained herein are true	
*62692 DBC 03/24/05 0	9:55:48 AM* <b>2 5 2009</b> ,	,	und mar an statements	Pomamica nerem are true	and correct.
File Date AFR	ש ענטטט	Y		7/	54/16

Signature of Officer
ANDREW KAGAN

E. .... 410.15

Print or Type Name of Officer
PRESIDENT

Tille of Dillione



		Matthew Z. Brown, Scaretary of State
STATE	OF RHODE ISLAND	Corporations Division
AND PI	ROVIDENCE PLANTATIONS	100 North Main Street, Providence, RI 02903-1333
Office of	OF RHODE ISLAND ROVIDENCE PLANTATIONS the Secretary of State	401.222.3040
*****		
PROFIT COR	PORATION ANNUAL REPORT I	COD THE VEAD 2004
Filing Period: Januar	y 1 - March 1 • Filing Fee: \$50,00	OR THE TEAR
(FORM MUST BE TYPED	IN BLACK)	
1. Corporate ID No.	2. Name of Corporation	
62692	WORLD VIEW GRADUICS INC	

(# 3. Street Address Principal Business Office City State Zip 29 CLIFF AVENUE NEWPORT RI 02840 4. Business Phone No. 5. State of Incorporation 6. SIC Code **(**401**)**8418850 **RHODE ISLAND** 3954 7. Brief Description of the Character of Business Conducted in Rhode Island President Name Vice President Name ANDREW KAGAN Street Address Street Address 29 CLIFF AVE State Zip NEWPORT RΙ 02840 Secretary Name Treasurer Name ROBERT KAGAN Street Address Street Address 29 CLIFF AVE City State Zip State NEWPORT RI 02840 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name ANDREW KAGAN Street Address Street Address 29 CLIFF AVE State Zip NEWPORT RI 02840 Director Name Director Name Street Address Street Address City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Class/Series Number of Shares Par Value Number of Shares Class/Series 5,000 COMM NO PAR VALUE NONE

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



\*62692 DBC 09/08/04 12:56:58 PM\* 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.

Signature of Officer ÁNDREW KAGAN

Print or Type Name of Officer

**PRESIDENT** 

Title of Officer

Form 630 12/01



Edward S. Innum, 111. Secretary of S. Corporations Divis 100 North Main Street, Providence, RI 02903-12 401-222-30

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

STOP PLEASE READ INSTRUCTION

(FORM MUST BE TYPED OF PRINTED IN BLACK) L. Corporate ID No. 2. Name of Corporation 62692 WORLD VIEW GRAPHICS, INC. 3. Street Address Principal Business Office RHODE ISLAND 3954 of Business Conducted in Rhode Island 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice Fresident Name Street Address City State Zip Trensuser Name Street Address City State ZipAND ADDRESSES OF THE DIRECTORS ('X' BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address City State Zip Director Name Street Address Street Address City Zip 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/Series Par Value 5,000 COMM NO PAR VALUE NONE

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:	5-14-03	that
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Bv:		From
FOR SECRETARY OF	F STATE USE ONLY	nile o

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.

\*\*\*Transfer of Officer\*\*

Transfer Type Same of Officer\*

The of Officer\*

The of Officer\*

Tom 650 1292

Edward S. Inman, III, Sc. reary of Sin 100 North Main Street, Providence, RI 02903-133

#### Corporations Divisio 401-222-304

PROFIT COR	PORATION	ANNUAL Filing Fee: \$50.0	REPORT FOR T	HE YEAR	002
FORM MUST BE TYPED IN		,			(6)
1. Corporate II) No.	2. Name of Corpor	ation			`
62692	WORLD VII	EW GRAPHICS, INC.			
3. Street Address Principal Bustr	ness Office		City	State	Zip
1. Business Phone No.	F AVE	5. State of Incorpora	NEWPORT	M	OL84.
401-848-79 Rief Description of the Chara	/] octer of Business Conducted	RHODE ISLA in Rhode Island	AND		3954
SCIEEN PAINTI B. NAMES AND ADDR	WG   PROP N ESSES OF THE OFF	<b>PGMT</b> TICERS (*X* BOX FOR AT	TACHMENT) FILL IN SPAC	ES BEFORE USING ATTA	A CHMENTS
resident Name  /NONEW / treet Address  29 CLIFF  Tity  NEWPONT	M. KAGAN	,	Vice President Name		voiii/vij
treet Address 29 CLIFF	AVE		Street Address		
NEWPONT	State	02840	City	State	Zip
ectetary Name			Treasurer Name		· •
treet Address			Street Address		
lly	State	Zip	City	State	Zip
. NAMES AND ADDRI		ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPA	CES BEFORE USING AT	TACHMENTS
ANDREW P. 29 CUFF.	ABAN AVE		Street Address		
NEWPORT	State	02840	City	State	Zip
irector Name			Director Name		
reet Address			Street Address		
ity	State	Zlp	City	State	Zip
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unber of Shares	Class/Series	Par Value	Number of Shares	Class/Serfes	Par Value
5,000 COMM NO PAR V	/ALUE		NONE 9	8	
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 6 2 6 9 2 *
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Check No.:	6979
	de

FOR SECRETARY OF STATE USE ONLY

Signature of Sifice	2/20/02
- Avonew 1	M. KAGAN
Print or Type Name of Officer	
Title of Officer	Form 630 12/01

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.

Corporations Divis 100 North Main Street, Providence, RI 02903-1. 401-222-31

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



(FORM MUST BE TYPED IN BLACK)

I.	Corporate	ID No.
	•	62692

2. Name of Corporation WORLD VIEW GRAPHICS, INC.

3. Street Address Principal Busines.			NEWPORT	State	21p
4. Business Phone No.		S. State of Incorporation	an .		6 SIC Code
401-841-885	50	RHODE ISLA			° 3954
2. Bilef Description of the Character	er of Business Conducted in ALES	Rhode Island			
8. NAMES AND ADDRES	SSES OF THE OFFI	CERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACE	S BEFORE USING ATTA	CHMENTS
President Name	•		Vice President Name	DETONE OSHIG ATTA	CHARACT
ANDREW KA	GAN				
Siteet Address			Street Address		
21 CLIFF 1	411				
NEWPONT	State	02840	City	State	Zip
Secretary Name	,		Treasurer Name	•	
ROBERT KA	BAN				
Street Address			Street Address		
MC61 BOX2	66				
City	State	Zip	City	State	Zip
60 GARTOWN	MA	02539			
9. NAMES AND ADDRES	SSES OF THE DIRE	CTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPA	CES BEFORE USING AT	TACHMENTS
Director Name			Director Name		
ANDREW X	AGAN				
Street Address			Street Address		
29 CLIFF	FAUE				
City	State	Zip	City	State	Zip
NEWPORT	10	02810			•
Director Name	-	- •	Director Name	•	•
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE ALTHORIZED SHARES	D ("X" BOX FOR ATTA	CHMENT)		("X" BOX FOR ATTACHMEN	IT)
Number of Shares	Class/Series	Par Value	ISSUE) SHARES Number of Shares	Class/Series	Par Value
5,000 SHS COM N				CIMIN/ SEITES	rar value
	· AR TAL		S		
					•
This report must be sign	ed in ink by cith	er the President, Vic	e President, Secretary, As	sistant Secretary, Trea:	surer, Receiver c

or Truste

Title of Officer



	- 0 2 0 9 2 *
File Date:	11-13-01
Check No.:	6834
By:	de-
FOR SECRETARY O	F STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any acompanying schedules and statements, and that all statements cyntalped herein are true and correct.

James G., Langerin, surroury of S Compositions Divid 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. WORLD CHEW GRAPHICS, INC. 3. Street Address Principal Business Office Vernon Rue 401 841 9850 7. Brief Description of the Character of Business Conducted in Rhode Island RETRIC GIOTHING
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS FILL IN SPACES BEFORE USING ATTACHMENTS Street Address City Director Name Street Address Street Address City State Zip 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/Series Par Value 5,000 SHS COM NO PAR VAL

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



File Date: 3-1-00 414 W

Check No.: 1288

By: 100 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 he fin are true and correct.

Signature of Officer

Date

Print or Type Name of Officer

James II. Vangerer, Secretary of co Comparations Divis.

109 North Main Street, Providence, RI 02903-13 401-222-36

#### 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 1D No.

2. Name of Corporation

62692	<b>WORLD VIEW</b>	GRAPHICS, INC.			
		5. State of Incorporation  RHODE ISLAND	New Pon F	State RL	21p 03840 6. SIC Code 3954
8. NAMES AND ADI President Name  NONFW  Street Address  29 CLIFF  City  NEWPONT  Secretary Name  NOBENT	CLOTHING DRESSES OF THE OFFICE  INCACAN  State  KAGAN	RS (*x* box for attach.  Zip  O J840	MENT) FILL IN SPACES B  Vice President Name  LOBENT / A6  Street Address  AC6/ BOX 2  City  CO6 ANTOWN  Treasurer Name	EFORE USING ATTAI 9V 66 State	CHMENTS  Zip  OJS39
Street Address	X46AN X 266 State M4	02539	Street Address . City	State	Zip
9. NAMES AND ADI Director Name  NONCIN Street Address	DRESSES OF THE DIRECT  ### ACC   Control   Con	CORS (*X* BOX FOR ATTAC	CHMENT)   FILL IN SPACES  Director Name  Street Address	S BEFORE USING ATT	ACHMENTS
City  NEWSON  Director Name  Street Address	State RI KABAM	02840	City  Director Name  Street Address	State	ZIp
ACO SHARES AUTHO AUTHORIZED SHARES	X 466 State DIN MA RIZED ("X" BOX FOR ATTACH	Zip 02539 (MENT)	City  Til SHARES ISSUED (*x	State  ** BOX FOR ATTACHMEN	Zip T) i
Number of Shares 5,000 SHS COM	Class/Series NO PAR VAL	Fat Value	Number of Shares	Class/Series	Par Value

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

	* 6 2 6 9 2 *
File Date:	Mar 22,99
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By:FOR SECRETAR	LY OF STATE USE ONLY

this report, including any accompanyi	ng schedules and statements, ar
that all statements contained herein a	re true and correct.
1	2/27/99
Signature of Officer	Date
-ANDREW COAN	
Print or Type Name of Officer	
- PAGGIPENT	
Title of Officer	

Under penalty of perjury, I declare and affirm that I have examined

lames R. Longevin, Secretary of St. Corporations Divis 106 North Main Street, Providence, RI 02903-12

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate II) No. **62692** 

WORLD WEW GRAPHICS, INC.

15 VERNON 4. Business Phone No.	AVE., S	5 <i>01<b>76                                    </b></i>	NEWPORT KND	RI	02811 6. SIC 3854
7. Brief Description of the Character (CETAIL - CETAIL -	CLOTHING	_	Technology		
President Name	W KAG		Vice Pasident Name  OBERT  Street Address	ASAN	
NEWPORT Secretary, Name	State	02840	City EOGARTON	X & CL V State MA	<sup>Zip</sup> 0453
ROBERT KA Street Address HC61 BO	- ''		Street Address		
EDGANTOWN 9. NAMES AND ADDRES Direct Name		RECTORS (*X* BOX FOR	City ATTACHMENT) Director Name	State	Zip
ANOREW   Street Address 29 CLIFF	KA6AN = AVE		Street Address		
NEWPORT	State	13840	City	State	Zip
Director Name	KAGAN		Director Name	•	•
Street Address	x 266		Street Address		
EDGARTANN	State	D2539	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED (*)	" BOX FOR ATTACHMEN	IT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5,000 SHS COM NO	PAR VAL		0	2.00.70	

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

	* 6 2 6 9 2 *
File Date:	32
Check No.:	7649
Ву:	KID
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 ents intuined herein are true and correct

James R. Langevin, Secretary of State Corporations Divisie 100 North Main Street, Providence, RI 02903-133

401-277-304
STOP:
PLEASE READ
INSTRUCTIONS BUFORE
COMPLETING THIS FORM

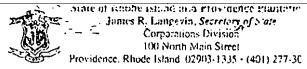
### FROFIT CORPORATION ANNUAL REPORT 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 1249 2. Name of Corporation Off Dominion Work 3. Street Address Principal Business Office VIEW Graphius, Inc. WORLD RETAIL CLOTHING 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name Street Address Andrew M KAGAN Street Address ROBE 12T LAGAR HC 61 BOX 266 City ENGARTOWN MA Treasurer Name Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) Andrew A KAGAN (See Abe) Robert LAGAN (See April) State State Zip Director Name Street Address 712B DUVAL ST ZIp 10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Number of Shares 1 class only 1 class only 1 vote: per share 5000 NO POR 5000 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

		this report, including any accompanying schedules and statements, an
	<120192 ====================================	that all statements contained herein are true and correct.
'lle Date:	S/30 75 77 184	JP5-1-97
Check No.:	1840/4	Signature of Officer Date  ROSEAT To KAGON
)y:	KIO AMERICAN	Print or Type Name of Officer
OR SECRETARY C	OF STATE USE ONLY	Title of Officer

Under penalty of perjury I declare and affirm that I have examined

## PROPEL GUHPOHATION ANNUAL REPORT

1998



Filing Period: January 1-March 1

Filing Fee: \$50.00

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T. CORPORATE ID HD.	2. NAME OF CORPORATION	•			• • •
62692	, WORLD VI	IEW GRAPHICS, I	NC.		
3 STREET ADORESS PRINCIPAL BUSINESS OFFI	ä		any	STATE	ZIP COOE
15 1/8/02	r Ave		Newport	RI	102840
4 BUSINESS PHONE NO.	Mue	5. STATE OF INCORPORATION	1100	<u> </u>	6. SKC 0000E
401 841	8850 :	RHODE ISL	AND		1 9 13 / 4/
7. BREEF DESCRIPTION OF THE CHARACTER OF B	•	no			3.954
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PRESIDENT HAME	,		VICE PRESIDENT NAME	I CENS	<u>.</u>
Modreus	M KAG	N N	Robert	T KAGO 1	)
			STREET ADDRESS		
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Of the first from F			TREASURER HAME	<i>)</i>	<del> </del>
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STREET ADDRESS  ACGISON  Edgar Town  DRECTOR NAME	166		· «Carmucas		
an Community	SIAIE	ZIP CODE	an	STATE	2P COOK
Edgartown	MA	102-5-39	1_,		
DIRECTOR NAME	9. NAM	ES AND'ADDRE	S S E S O F T H E O I R	ECTORS	
· Andrew	n KAGAN		Gerald	A. Karas	1
21MEE I WOOME22	/_/_////// 5/2/\	<del></del>	STREET ADDRESS		<del>/</del>
5sme	I STATE		404 Thore	s 57	
L L	SIAIE	ZIP CODE	Veryott	STATE	07-840
· ·	<u> </u>		דא נוש נוט קאל)	i //	1 2007/
DIRECTOR NAME			DIRECTOR NAME		
DIRECTOR HAME  RUBERT	KAGON		DIRECTOR NAME		
DORECTION NAME  STREET ADDRESS	KAGAN		DIRECTOR NAME STREET ADDRESS		
STREET ADDRESS	TKO60/	Tip cons	DIRECTOR NAME	STATE	, tip code
DORECTION NAME  STREET ADDRESS  OTY		ŽIP CÔĐE	DERECTOR NAME  STREET ADORESS		11° CODE
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STREET ADDRESS  OTY  MUMBER OF SHARES  5,000 SHS CO	1 0 . S H A AUTHORIZED SHARES CLASS/SERIES M NO PAR VAL This r	PARYAUE  PARYAUE  eport must be SIGN	STREET ADDRESS  OTY  Z E D A N D I S S U E D  MUMBER OF SHARES  SUCO  IED IN INK by either the int Secretary, Treasurer, Funder penalty of preport, including as	ISSUEO SHARES  QASS/SERIES  Receiver or Trustee  perjury, I declare and affiny accompanying scheen	firm that I have examined the
STREET ADDRESS  OTY  MUMBER OF SHARES  5,000 SHS CO	1 0 . S H A AUTHORIZED SHARES CLASS/SERIES M NO PAR VAL This r	PARYAUE  PARYAUE  eport must be SIGN	STREET ADDRESS  OTY  Z E D A N D I S S U E D  MUMBER OF SHARES  SUCO  IED IN INK by either the int Secretary, Treasurer, Funder penalty of preport, including as	ISSUEO SHARES  CLASS/SERIES  Receiver or Trustee  Derjury, I declare and after	firm that I have examined the
STREET ADDRESS  OTY  MUMBER OF SHARES  5,000 SHS CO	1 0 . S H A AUTHORIZED SHARES  CASS/SERIES  M NO PAR VAL  This r dent, Vice Presiden	PARYAUE  PARYAUE  eport must be SIGN	STREET ADDRESS  OTY  Z E D A N D I S S U E D  MUMBER OF SHARES  SUCCU  IED IN INK by either the ant Secretary, Treasurer, F  Under penalty of preport, including ar all statements continued.	ISSUEO SHARES  QASS/SERIES  Receiver or Trustee  perjury, I declare and affiny accompanying schecutained herein are true as	firm that I have examined the
STREET ADDRESS  OTY  MUMBER OF SHARES  5,000 SHS CO	1 0 . S H A AUTHORIZED SHARES  CASS/SERIES  M NO PAR VAL  This r dent, Vice Presiden	PARYAUE  PARYAUE  eport must be SIGN	STREET ADDRESS  OTY  Z E D A N D I S S U E D  MUMBER OF SHARES  SUCO  IED IN INK by either the int Secretary, Treasurer, Funder penalty of preport, including as	ISSUEO SHARES  QASS/SERIES  Receiver or Trustee  perjury, I declare and affiny accompanying schecutained herein are true as	firm that I have examined the
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STREET MORESS  STREET MORESS  MUMBER OF SHARES  5,000 SHS CO  President  File Date: //23/9  Check No: 6659	1 0 . S H A AUTHORIZED SHARES  CASS/SERIES  M NO PAR VAL  This r dent, Vice Presiden	PARYAUE  PARYAUE  eport must be SIGN	STREET ADDRESS  OTY  Z E D A N D I S S U E D  MUMBER OF SMARES  SUCCU  IED IN INK by either the ant Secretary, Treasurer, F  Under penalty of preport, including an all statements continued to the statements of the secretary of	ISSUEO SHARES  QASS/SERIES  Receiver or Trustee  perjury, I declare and aff try accompanying schectained herein are true as	firm that I have examined the
STREET ADDRESS  OTY  MUMBER OF SHARES  5,000 SHS CO	1 0 . S H A AUTHORIZED SHARES CLASS/SERIES M NO PAR VAL  This r dent, Vice Presiden	PARYAUE  PARYAUE  eport must be SIGN	STREET ADDRESS  OTY  Z E D A N D I S S U E D  MUMBER OF SHARES  JUNE 1 Secretary, Treasurer, F  Under penalty of preport, including ar all statements confi	ISSUEO SHARES  QASS/SERIES  Receiver or Trustee  perjury, I declare and aff try accompanying schectained herein are true as	firm that I have examined the

State of Knode Island and Providence Flantations

Office of The Secretary of State

100 North Main Street

Providence, Rhode Island 02903-1335

401-277-3040

ANTIUAL REPORT

File Annually – Jan. 1 - March

Filing Fee \$50.0 Make Checks Payable to: Secretary of Star

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

Corporate ID: 0052542	Annual Report for the year: 1995
Name of Corporation: WORLD VIEW GRA	
Business entity organized under the laws of the State of: PHODE: For foreign entity, address and telephone number of principal office	Business Entity is (check one):    X   Business Corporation (See RIGL Chapter 7-1.1)   Professional Service Corporation (See RIGL Chapter 7-5.1)
Phone: (401) 841-8850	Brief statement of the character of business conducted in Rhode Island:  RETAIL - HAND PRINTED CCOTHING
Address and telephone of the principal office of business entity in R Island (Provide street address - Not P.O. Box):  15. VERNON AVENUE	
NewPORT RT 02840  Phone: (401) 841-8850	
	NICE OF THE OPPOSITE AND
ANDREW M. KAGAN YOYT	STREET ADDRESS  STREET ADDRESS  CHYSTATE  ZIPCODE  STREET ADDRESS  CHYSTATE  ZIPCODE  CHYSTATE  ZIPCODE
SECRETARY YOUTH	HAMES T NEWPORT PL 02840
ICOSERT T. MAGAN 404 /B	STREET ADDRESS  VELLIFORT, M.L. C.5840  STREET ADDRESS  CITYSTATE  ZIPCODE  ZIPCODE
	MES OF THE DIRECTORS ARE:
MAME MANEW M. KABAN DIRECTOR  NAME  NAME	STREET ADDRESS CITYSTATE APCODE  YOY MAINES ST VEWPONT D  STREET ADDRESS CITYSTATE ZIPCODE
MANE	STREET ADDRESS ST NEWFORT IL 03870  CITYSTATE ZIPCODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares Class / Series	Number of Shares Class / Series
5000 COM/NO PAR VAL	
Date January 15 1995	By: Den /
f orm 31 1/95	PRINT OR TYPE NAME OF OFFICER SIGNING  FUTLE OF OFFICER SIGNING
DESIGNATED REGIST	ERED AGENT FOR SERVICE OF PROCESS:
PLEASE NOTE: If the registered office and/or registered agent inc	dicated below is incorrect. Form 9 must be filed.

ANDREW M. KAGAN
11 CHRISTIES LANDING
NEWPORT RI 02840

FILED

MAR 1 4 1995

By Ce 1740

#### PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street

File Administly LLC Sept. 1 - Nov. 1 CORP Jan. 1 - March 1

	Providence, Rhode island 02903-1335 401-277-3040
orate ID0062692	Anaual Report for the year 1994
ame of Business Entity:	WORLD VIEW GRAPHICS
Business entity organized under the laws of the State of. Federal Taxpayer Identification Number For foreign entity, address and telephone number of princip	Business Entity is (check one)    Will Business Corporation (See RIGL Chapter i 1 1)   Professional Service Corporation (See RIGL Chapter 7-S 1)   Lumiled Liability Company (See RIGL 7-16)
	Name, title and mailing address of contact person to whom communications may be directed.  Andrew M. KARRIN, PLAS, No. 7
Phone (	Go World View Graphics
Address and telephone of the principal office of business en Island (Provide street address - Not PO Box).  LC Christifes Land	Brief statement of the character of business conducted in Rhode Island
·	Date of Organ zation 1991 12 (1986 CT)
thone 4 <u>01:841.8850</u>	Date of Qualification to do business in Rhode Island (if foreign entity).  ———————————————————————————————————
CHEFFERIL VEOLETERER MERSTENSTERMEN  CHIEFOPERAL SCORL CLRUE MENTEL VELLES CLANICAMON  LISTOPANO RECERCIO CR. J. S. CHETAN ICANO CHE  CHIEFOPERAL SCORLOS CR. J. S. CHETAN ICANO CHE	THE NAMES OF THE OFFICERS ARE:  SIR, MODELS  404 TARKS  STREET NORMS  57 OR FORT  110 STATE  404 TARKS  57 OR FORT  110 STATE  110 S
-·	HE NAMES OF THE DIRECTORS ARE:
NAVE KOLON	SIRETADISESS CONSTANT RE CONTYO
GOINI d KOGON	, MINISTER , , UNIVERSE 71700
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER STORY	NUMBER Cージータ
TASS Commen	CLASS Composition
SERIES	SERIES
PAR VALUE OR #	PAR VALUE OR WITHOUT PAR
Date 1/2-5/04	By Robert KAGNN UP
	TILE OF OFFICER NOING

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS: PLEASE NOTE 4f the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form 1.1.C 3 must be filed.

> ANDREW M. KAGAN 11 CHRISTIES LANDING NEWPORT RI 02840



# State of Rhode Island and Providence Flantations Corporations division 100 North Main Street PROVIDENCE, RHODE ISLAND 02703

Corporate ID	0052692	Annual Report for the year
First: The	e name of the corporation is	MARKO VIEW GRAPHICS
	t is incorporated under the laws of	
THIRD: Ch	naracter of business, briefly stated,	is RETAIL CLOTHING
Fourth: I	f foreign corporation, address of it	s principal office
FIFTH: Bus	siness address in Rhode Island	11 CHRISTIES CANDING, NOWPORT, RI 03840
2	mes and addresses of its directors a	(**************************************
Aninew M	9692 Director	404 THOMES ST NEWPONT RI 00840
Libert Kno	5AN Director	404 THAMES ST NEWSONT PI 03840
	Director	
Asserve	Macan Presiden	404 HAMES ST NEWFORT RI 02840
Arren 1		sident 404 [4AMES ST NEWPONT RE 02840
Montai L	<i>/</i>	1 1 a a Maria
her Stelle Her St. Sec. Sec. S.	9 GAN Secretary	,
······	Treasure	r
SEVENTH:	Number of Shares authorized:	Par Value or statement that
No. of Shares	Class	Series shares are without par value
5000		181 NO PAR COMMON
		inst uneve
Еібнтн: Х	sumber of Shares issued:	Par Value
No. of Shares	Class	Par Value or statement that shares are without par value
Dated /	19 23	(Name of Corporation)  By  Service  (Name of Corporation)
(Repor	t must be signed by an officer)	Title POESINENT
(Repor	consideration of an officer)	1 COOK

Filing Fcc \$50.00 -	<b>3</b>	· -	To be filed annoafly between January 1st and ividently is:
	State of Ahade Island	and Providence	Hantations
•	HO NOR	ATIONS DIVISION THE MAIN STREET , RHODE ISLAND 07:03	
Corporate ID	0002592		t for the year 1552
FIRST: The nai	me of the corporation is	•	•
	•		
	incorporated under the laws of	·	
	·	•	7.6
FOURTH: If for	reign corporation, address of its	principal office	
FIFTH: Busines	s address in Rhode Island //	CHRISTIES LAND	UNG NEWPONT, RI 02840
•••••••••••••••••••••••••••••••••••••••			
	and addresses of its directors ar		(Attach rider if necessary)
Augus Vaca	office Director		ncluding number, street, zip code)  NewPont Rt 03840 #3
Pasan Kaban			
CUBAL ICH 69N		TOY JAKES 2T. J.	NewPon 1 PS 02840 #2
A	Director	<i>""</i>	1/ 12 2544 #2
	President		Newsons Rt 05840 #3
lobert Kaber			T Newsons RI 05840 #2
LEUBERT LAGAR	Q Secretary	404 INAMES	71 Newson /11 75840
	Treasurer		
SEVENTH: Num	nber of Shares authorized:		Par Value or statement that
No. of Shares 5000	Class	Series	shares are without par value  NO PAR COMMON
0000			VALUE
Eighth: Numb	oer of Shares issued; @ 是影戲		Par Value
No. of Shares	心经 <b>经</b> 通行影戲 Class	FEB 19 292 Séries	or statement that shares are without
	amt	219	par value
_	1" N6	71'	
Dated FEBRUAR	19 92	(Name of Corporation)	GRAPHIC S
		By Jun/	ANDREW M. KAGAN
(Report mus	st be signed by an officer)	Title President	PRESIDENT