

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 IN BLACK) I. Corporate ID No. 2. Nume of Corporation 90495 Paper, Packaging and Panache, Inc. 3. Street Address Principal Business Office City State Zip 418 HOPE STREET BRISTOL RI 02809 4. Business Phone No. 5. State of Incorporation 6. SIC Code 4012532273 **RHODE ISLAND** 5033 7. Brief Description of the Character of Business Conducted in Rhode Island OWNING AND OPERATING A RETAIL ESTABLISHMENT FOR THE SALES OFPAPER ITEMS. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | PILL IN SPACES BEFORE USING ATTACHMENTS A President Name Vice President Name Linda C. Arruda Robert C. Arruda Street Address Street Address 159 High Street 159 High Street City State Zip City State 7.ip Bristol RI 022809 Bristol RI 02809 Secretary Name Treasurer Name Robert C. Arruda/Robert M. Silva, Asst Sec. Linda C. Arruda Street Address Street Address 159 High Street/1100 Aquidneck Avenue .159 High Street City Sinte Zip *City State Zip Bristol/Middletown RI 02809/02842 Bristol RI 02809 9. NAMES AND ADDRESSES OF THE DIRECTORS JEXT BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address · Street Address City State Zip City State 7.ip Director Name Director Name Sircel Address Street Address City .Ciŋ Zip State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Scries Par Value Number of Shares Par Value Class/Series 1,000 NO PAR VALUE 800 Common/None No Par This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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FOR SECRETARY	OF STATE USE OF	NLY	

	<u> </u>
Under penalty of perjury, I declare and affi	irm that I have examined
Under penalty of perjury. I declare and affithis report, including any accompanying so and that all statements contained herein are	e true and correct.
Signature of Officer	Date
Robert M. Silva	
Print or Type Name of Officer	
Assistant Secretary	
Title of Officer	Form 630 12/01



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

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PROFIT CORPO	RATION AN March I • Filin	NNUAL REPO	RT FOR TH	IE YEA	AR <u>20</u>	004	<u> </u>	
FORM MUST BE TYPED IN BI	LACK)							
I. Corporate ID No.	2. Name of Corporation			•				•
90495	Paper, Packagi	ng and Panache, Inc						
Street Address Principal Busine 418 HOPE STREET	ess Office		City		State		Ζιρ	
Business Phone No.			BRISTOL		RI	,	02809	
1012532273		5. State of Incorporation					6 SIC Code	
Brief Description of the Churac	stan of Billiania Carle	RHODE ISLAND					5033	
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inda C. Arruda			Robert C. Ar					
reet Address			Street Address				•	
59 High Street			.159 High St	reet				
y	State	Zip	City		State		Zip	
ristol	RI	02809	Bristol		RI		02809	
retary Name		•	Treusurer Name					
bert C. Arruda/M	Elizabeth Br	eslin Stachura	Linda C. Arr	uda				
et Address		• •	Street Address	* .				
9 High Street/110	00 Aquidneck A	Avenue	159 High Str	eet				
y	State	Zıp	City		State		Zip	
istol/Middletown		02809/02842	Bristol		RI		02809	
NAMES AND ADDRESSI	ES OF THE DIRECT	TORS ("X" BOX FOR AT	TACHMENT) TELL Director Name	IN SPACE	S BEFOR	E USINGATI	ACHMENTS	
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et Address			Street Address	*			• • • •	
	State		City		State	**	Zip	
ector Name			Director Name				•	
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s report must be signed	m mk by Eliner in	e i resident, vice i res	staent, Secretary, A	issistant 5	ecretary	, Ireasurer,	. Receiver or Tri	4516
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9049	5		Under penalty of	f perjury, 1 c	declare an	d affirm that	I have examined	
		,	this report, inclu	iding any ac	company	ing schedules	and statements,	
0495 DBC 03/08/04 04	:54:21 PM*		and that all state	ments conta	ained here	in are true an	d correct.	
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ck.No. 5010			Signature of Office		ار حرار دو	Date	7 -	7
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\ <u>\</u>			Print or Type Nam					
R SECRETARY OF STATE US	SE OXIV		Assistant	Secre	tary			
- CLEIGIANT OF SIMIL U	JE UNLI		Title of Officer				Form 630	12.0



FOR SECRETARY OF STATE USE ONLY

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

FORM MUST BE TYPE					
1. Corporate ID No.	2. Name of Cor			CANADA CA	
90495		ckaging and Panache, Inc			
3. Street Address Princip	al Business Office		City	State	Ζίρ
418 HOPE STRE	ET		BRISTOL	RI	02809
Business Phone No.		5. State of Incorporation			6. SIC Code
4012532273		RHODE ISLAND			5033
Brief Description of th WNING AND OPER	e Character of Business Co LATING A RETAIL B	onducted in Rhode Island STABLISHMENT FOR THE	SALBS OFFAPER IT	CEMS.	en e Annaga e e e e e e e e e e e e e e e e e e
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inda C. Arrud	1a		Robert C. Arr	uda	
treet Address			Street Address	***** *********** ** ******************	***************************************
59 High Stree	et		159 High Stre	et	
iny .	State	Ζφ	City	State	Zip
ristol	RI	02809	Bristol	RI	02809
cretary Name			Treasurer Name	· · · · · · · · · · · · · · · · · · ·	777
obert C. Arru	ıda/M. Elizabet	h Breslin Stachura	Linda C. Arrue	da	
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59 High Stree	t/1100 Aquidne	ck Avenue	159 High Stree	p†	
iry	State	Ζίρ	'Chy	*********** ***************************	···· <u> </u>
ristol/Middle		02809/02842	Bristol	State	Zip
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is report must be s	s igned in ink by eith	er the President, Vice Pres	ident, Secretary, Ass	istant Secretary, Treasurer	Receiver or Trust
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	ii) 60 ii 01910 (010) 0111 (00)				
* 9			Under penalty of n	erjury, I declare and affirm that	1 have examined
			this report including	ng any accompanying schedules	i ilave examined
90495* 4/12/031:	11:27 D141		and that all stateme	ents contained herein are true an	d correct
30480 4/12/US1:	11:37 PM"]		/ A sometiment herein are time an	и содест,
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	(11000)	İ	Signature/s) Officer	ax rusure solar	nure 1/
eck No.	7 101	. }		Ph Proplin Ctart	_
 	~~~	- 1	Print or Type Name of	th Breslin Stachura	i

Assistant Secretary

Title of Officer

Form 630 12/01



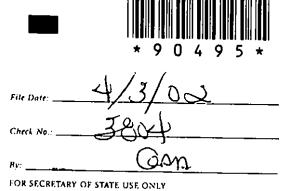
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

STOP
PLEASE READ
INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 90495 Paper, Packaging and Panache, Inc. 3. Street Address Principal Business Office City 418 Hope Street Bristol RI 02809 4. Business Phone No. 5. State of Incorporation 6. SIC Code 253-2273 RHODE ISLAND 5033 7. Brief Description of the Character of Business Conducted in Rhode Island establish, maintain, and operate any lawful business, including but not limited to a retail establishment for the sales of paper items. 8. NAMES AND ADDRESSES OF THE OFFICERS (*x* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Linda C. Arruda Robert C. Arruda Street Address Street Address 159 High Street 159 High Street State 7.ip City State Bristol RI 02809 Bristol RI 02809 Secretary Name Robert C. Arruda Treasurer Name Asst. Sec: M. Elizabeth Stachura Linda C. Arruda Street Address 159 High Street Street Address 1100 Aquidneck Avenue 159 High Street City Bristol 7.10 02809 City State Middletown RI 02842 Bristol RI 02809 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name NONE Street Address Street Address City State Zip City State Zip Director Name Street Address Street Address City State City 20 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 800 Common/None No Par

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 begin are true and correct.

M. Cleaker Nachur 4/2/12

M. Elizabeth Stachura

Print or Type Name of Officer

Assistant Secretary

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

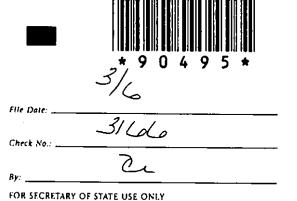
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PLEASE READ
INSTRUCTIONS

Filing Period: January 1-	-March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED IN BLACK	
1. Carporate ID No.	2. Name of Corporation Paper Backaging and Paperbo Inc.

3. Street Address Principal Business 418 Hope Street	s Office		^{City} Bristol	State RI	Zip 02809
4. Business Phone No. 253–2273		5. State of Incorporation RHODE ISLA			6 SIC Code 5033
	er of Business Conducted	in Rhode Island establi	sh, maintain, and	Operate any law	ful business
including but n	ot limited t	o a retail estab	lishment for the	sales of paper i	tar vusiness, tema
B. NAMES AND ADDRES	SSES OF THE OFF	ICERS ("X" BOX FOR ATTA		S BEFORE USING ATTA	
Linda C. Arruda			Robert C. Ar	ruda	
Street Address			Street Address		
159 High Street			159 High Str	eet	
City	State	Zip	City	State	Zip
Bristol	RI	02809	Bristol	RI	02809
Secretary Name Robert	C. Arruad		Treasurer Name		
Asst. Sec: M. E	Street	slin Stachura	Linda C. Arri Street Address	uda	
1100 Aquidneck	Avenue		159 High Str	eet	
Bristol	State	zip 02809	City	State	Zip
Middletown	RI	02842	Bristol	RI	02809
9. NAMES AND ADDRES Director Name	SSES OF THE DIR	ECTORS (*X* BOX FOR AT	TACHMENT) FILL IN SPA Director Name	CES BEFORE USING ATT	ACHMENTS
NONE					
treet Address			Street Address		·
City	State	Zip	City	State	Zip
Director Name			Director Name		• •
treet Address			Street Address		
lity	State	Zip	Chy	State	Zip
IO. SHARES AUTHORIZE	D (*X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	<i>T)</i>
Sumher of Shares	Class/Series	Par Value	Number of Shares	Class I Series	Dae Malue

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

800



1,000 SHS NO PAR VALUE

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/none

no Par

Martin Brasian Machine 02/28/0

M. Elizabeth Breslin Stachura
Print or Type Name of Officer

Assistant Secretary



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

STOP PH W RUD INTRUCTION

Filing Period:)	anuary I-March 1	•	Filing	Fee:	\$50.00
(FORM MUST BE TYP	ED IN BLACK)				

2. Name of Corporation

1. Corporate ID No.

90495	Paper, Packa	ging and Panach	ne, Inc.		
3. Street Address Principal Business Of 418 Hope Street	fice		City Bristol	State Rhode Island	zıp 02809
4. Business Phone No.		S. State of Incorporation			6. SIC Code
253-2273		RHODE ISLAND			5033
7. Brief Description of the Character of	Business Conducted in Rho	de Island establish,	maintain, and oper	ate any lawful	business,
8. NAMES AND ADDRESSE President Name	S OF THE OFFICER	retail establish S <i>(*X* BOX FOR ATTACHM</i>	nment for the sales SENT) FILLIN SPACES BEFO Vice President Name	of paper items. DRE USING ATTACHMI	ENTS
Linda C. Arruda Street Address			Robert C. Arruda Street Address		
159 High Street			159 High Street		
City	State	Zip	City	State	Zip
Bristol Secretary Name Robert C.	Rhode Island Arruda	02809	Bristol Treasurer Name	Rhode Island	02809
Asst. Sec: M. Eliz Street Address 159 High S		Stachura	Linda C. Arruda	٠, ,	
1100 Aquidneck Ave			159 High Street		
City Bristol	State	Zip 02809	City	State	Zip
Middletown 9. NAMES AND ADDRESSE Director Name	Rhode Island S OF THE DIRECTO	02842 DRS ("X" BOX FOR ATTAC	Bristol HMENT) FILL IN SPACES BE Director Name	Rhode Island FORE USING ATTACHI	02809 MENTS
NONE					
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 AUTHORIZED SHARES	(*X* BOX FOR ATTACHM	ENT)	11. SHARES ISSUED (*X* BO	X FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR 1	ALUE		800	Common/None	No Par

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

	* 9 0 4 9 5 *
File Date:	4/28/00
Check No.:	24/12
8y:	2
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.

M. Linda Dross and Linda 2/18/00

Signature of Officer Date

M. Elizabeth Breslin Stachura
Print or Type Name of Officer

Assistant Secretary



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 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

1. Corporate ID No. 90495					INSTRUCT
	2. Name of Corporation Paper, Packag	ing and Panach	9, Inc.		
3. Street Address Principal Business			City	. .	<u> </u>
418 Hope Street			Bristol	Rhode Island	Zip
4. Business Phone No.		S. State of Incorporation		Knode Island	02809
253-2273		RHODE ISLA	ÄND		6. SIC Code 5033
7. Brief Description of the Character	of Business Conducted in Rh	ode Island any 1 a	uful bustanes to a se		
retail establish 8. NAMES AND ADDRESS President Name,	ment for the sa	ale of maner		ORE USING ATTACHM	
Linda C. Arruda			Robert C. Arruda		
Street Address				,	
159 High Street			Street Address 159 High Street		
City	State	Zip			
Bristol	Rhode Island	02809	City Bristol	State Dhodo Tolond	Zip
Secretary Name Robert C.			Treasurer Name	Rhode Island	02809
Asst. Sec: M. El:	zabeth Breslin	Stachura	Linda C. Arruda Street Address		
1100 Aquidneck Av	enue e		159 High Street		
^{City} Bristol	State	ZIP 02809	: City	State	Zip
Middletown	Rhode Island	02842	: Bristol	Phodo Tolond	02000
Director Name NONE Street Address			TTACHMENT) • FILL IN SPACES BI Director Name Street Address		
Gity :	State	Zip	City	State	Zip
City : Director Name	State	Zip	City Director Name	State	Zip
	State	Zip	erende en la companya de la companya	State	Zip
Director Name	State	Zip	Director Name	State	Zip
Director Name City O. SHARES AUTHORIZED OUTHORIZED SHARES	State	Zip	Director Name : Street Address	State	- -
City SHARES AUTHORIZED	State {*X* BOX FOR ATTACHM Class/Series	Zip	Director Name : Street Address City 11. SHARES ISSUED (*x* BC)	State	- -

	* 9 0 4 9 5 *
File Date:	Uar22,99
Check No.:	1695
By:	90
OR SECRETARY OF STA	TE 1:SE 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 areatrue and correct. 3/01/99

Date M. Elizabeth Breslin Stachura

Print or Type Name of Officer

Assistant Secretary



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. COACE

2. Name of Corporation

90495	Paper, Paci	aging and Panache, i	nc.		
3. Street Address Principal Busin			City	State	Zip
159 High Street 4. Rusiness Phone No.		5. State of Incorporation	Bristol	RI	02809 6. SIC Code
253-3795		RHODE ISLANI			5033
			, maintain, and ope		business,
including but n	ot limited to	a retail establis	hment for the sales	of paper items	
8. NAMES AND ADDR President Name	ESSES OF THE OFF	ICERS ("X" BOX FOR ATTAC	HMENT) Vice President Name		
Linda C. Arruda			Robert C. Arrud Street Address	a	•
159 High Street			159 High Street		
City	State	Zip	City	State	Zip
Bristol	RI.	02809	Bristol	RI	02809
Secretary Name Robert	C. Arruda		Treasurer Name	• •	
Asst. Sec: M.	Elizabeth Bres	lin Stachura	Linda C. Arruda		
Street Address 159 Hig	h Street		Street Address	•	
Asst. Sec: 110	O Aquidneck Av	enue	159 High Street		
Cuy Bristol	State	zip 02809	City	State	Zip
Middletown	RI	02842	Bristol	RI	02809
9. NAMES AND ADDR	ESSES OF THE DIR	ECTORS ("X" BOX FOR ATTA	ACHMENT)		
Director Name			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 AUTHORI	ZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHMENT)	
AUTHORIZED SHARES			ISSUFD SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1 000 SHS NO PAI	R VALUE		500	Common/None	No Par

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

	* 9 0 4 9 5 *
File Date:	3/19
Check No.:	1015
By:FOR SECRETARY O	OF STATE USE ONLY

1,000 SHS NO PAR VALUE

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 horein are true and correct. <u>February 28,</u>

Date

Elizabeth Breslin Stachura

Print or Type Name of Officer

Assistant Secretary

Title of Officer

re of Officer



Jumes R. Lungevin, 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. 90495

253-3795

2. Name of Corporation

Paper, Packaging and Panache, Inc.

3. Street Address Principal Business Office 159 High Street

Bristol

State

Zip

4. Business Phone No.

5. State of Incorporation

RI

02809 6. SIC Code

RHODE ISLAND

5033

7. Brief Description of the Character of Business Conducted in Rhode Island establish, maintain, and operate any lawful business, including but not limited to a retail establishment for the sales of paper items

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

President Name

City

Vice President Name

Linda C. Arruda Street Address

159 High Street

State

1100 Aquidneck Avenue

State

RI

Robert C. Arruda

Street Address

159 High Street

City

Bristol

State

Ri

Zip

02809

Secretary Name Robert C. Arruda

Street Address 159 High Street

M. Elizabeth Breslin Stachura

Zip

Zip

Treasurer Name

Linda C. Arruda

Street Address

159 High Street

State

Middletown RT 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Bristol

Bristol

Asst. Sec:

Asst. Sec:

02842

02809

02809

Bristol

RI

02809

Director Name Director Name

NONE Street Address

City

City

State

City

City

State

Zip

Director Name

Zip

Director Name

Street Address

Street Address

Street Address

Zip

City

State

Zip

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

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS NO PAR VALUE

500

Common/None

No Par

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



File Date:

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.

Signafare of Officer

Elizabeth Breslin Stachura

Assistant Secretary

Print or Type Name of Officer

Title of Officer



March