

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 B		•			
1. Corporate ID No.	2. Name of Corporation				
76294	LIQUID BLUE,	INC.			
3. Street Address Principal Busin			City	State	Zip
ONE CROWNMARK DRI	VE		LINCOLN	RI	02865
4. Business Phone No.		5. State of Incorporation	· · · · · · · · · · · · · · · · · · ·		6. SIC Code
401-333-6200		RHODE ISLAND			679
7. Brief Description of the Chard	cter of Business Conduc	ted in Rhode Island	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
TO CUSTOM DYE TEXTI	LES AND ANY OTH	er materials wove	N WITH NATURAL FIBERS	FOR THE PURPOSE OF	WHOLESALE &
President Name	OF THE OFFIC	EKS ("X", BUX FUK ATT	Vice President Name	ES BEFORE USING ATTACI	IMENTS
Paul Roidoulis			. vice Fresideni Name		
Street Address		·	Street Address		
44 Holly Street			•		
City	State	Zp	Cin	State	T-7.
Providence	RI	02906	,	State	Zip
Secretary Name	· · · · · · · · · · · · · · · · · · ·	102500	Treasurer Name		
Paul Roidoulis			Paul Roidoulis		
Street Address	···	· · · · · · · · · · · · · · · · · · ·	* Street Address		
44 Holly Street			•		
City	Siale	12:-	.44 Holly Street		
Providence	RI	102906	City	State	Zip
			.Providence	RI	02906
Director Name	DES OF THE DIREC	TORS ("XE BOX FOR AT	TACHMENT) . FILL IN SPA	CES BEFORE USING ATTA	CHMENTS
Paul Roidoulis			Director Name		
Street Address					
l			· Street Address		
44 Holly Street			•		
City	State	Zip	•Cin	State	Zip
Providence	RI	02906			
Director Name			* Director Name		· · · · · · · · · · · · · · · · · · ·
			•		
Street Address			·Sireei Address		
City:	TCare		<u>:</u>		
City	State	Zip	Ling.	State	Zip
			•	<u> </u>	[]
10. SHARES AUTHORIZE	D ("X" BOX FOR ATT	ACHMENT)	II. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	
AUTHORIZED SHARES Number of Shares	Classification	D (/-t -	ISSUED SHARES		
rumber of shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 COMM \$1.00 PAF	R VALUE		300.00	Class A Common	\$1.00
			300.00	Class B Common	61 00
This report must be signed	d in ink by aither t	he President Vice Du-	1		
	inn by cancer to	ie i realwell, Fice Fre	sidem, secretary, Assistat	u secretary, Treasurer, i	keceiver or Iriislee
fi ibara dilibati					
7 6 2	9 4		Under penalty of perjury	y. I declare and affirm that I I	have examined
			this report, including an	y accompanying schedules a	nd statements.
76294 DBC 02/24/05 (3:17:27 PM	7	and that all statements of	ontained herein are true and	correct.
1 カクル	-/VT		/ / /	0 1	
File Date 0-57	<u></u>		CO 51		
Check No. 320	Y03		Signature of Officer	Date	
CHECK IND.			Paul Roidoul	\$	
_{Ru:}	2		Print or Type Name of Offi		
B <u>y:</u>			President		
FOR SECRETARY OF STATE	USE ONLY		Title of Officer	 ·	Form 630 12/01
		_	· · · · · · · · · · · · · · · · · · ·		. OHII 030 1201



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

3.18.04

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 76294 LIQUID BLUE, INC 3. Street Address Principal Business Office State Zio ONE CROWNMARK DRIVE LINCOLN RI 02865 4. Business Phone No. 5. State of Incorporation 6. SIC Code 4013336200 RHODE ISLAND 679 7. Brief Description of the Character of Business Conducted in Rhode Island TO CUSTOM DYE TEXTILES AND ANY OTHER MATERIALS WOVEN WITH NATURAL PIBERS FOR THE PURPOSE OF WHOLESALE & RETAIL-DISTRIBUTION.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Paul Roidoulis Street Address Street Address 44 Holly Street Sinie Zip City State Providence RI 02906 Secretary Name Treasurer Name Paul Roidoulis Paul Roidoulis Street Address Street Address 44 Holly Street 44 Holly Street City State City Zip State Zip Providence RI 02906 . Providence !RI 02906 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Paul Roidoulis Street Address Street Address 44 Holly Street City State Ziρ ·City Zip Providence 02906 RΙ Director Name Director Name Street Address Sircei Address City State 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/Series Par Value Number of Shares Class/Series Par Value 8,000 COMM \$1.00 PAR VALUE 300.00 Class A Common \$1.00 300.00 Class B Common 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.

76294 DBC 02/26/04 08:55:35 AM

File Date

Check No. 28326

By: OA

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

Purson Type Name of Officer

Purson Type Name of Officer

Form 6

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	iling	Period:	January	I-March 1	•	Filing .	Fcc:	\$50.00	
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1	Core	or	ate	ID	N			

(FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Name of Corporation

LIQUID BLUE, INC.

One Crownmark Drive

3. Street Address Principal Business Office

City

Lincoln

State RI

FILL IN SPACES BEFORE USING ATTACHMENTS

State

02865

4. Business Phone No.

401-333-6200

5. State of Incorporation

6. SIC Code

RHODE ISLAND

679

7. Brief Description of the Character of Business Conducted in Rhode Island manufacutring clothing

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

Vice President Name

Paul Roidoulis

Street Address

44 Holly Street

Providence

State RI zip 02906

Street Address

City

Zip

Secretary Name

Paul Roidoulis

Street Address 44 Holly Street

Providence

7 02906

Treasurer Name

Paul Roidoulis

Street Address

44 Holly Street

City Providence

State

02906

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

Director Name

Paul Roidoulis

Street Address

44 Holly Street

Providence

State RI

State

02906

Street Address

City

State

Zip

Director Name

Street Address

Street Address

Director Name

7.10

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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

ESTUTED SHARKES Number of Shares

Class/Series

Par Value

300.00

Class A Common

\$1.00

300.00

Class B Common

\$1.00

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



8,000 COMM \$1.00 PAR VALUE

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.

Print or Type Name of Officer

Title of Officer

€.Z

Form 630 12/02



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

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FORM MUST BE TYPED IN I	B) ACK)	Filing Fee: \$50.00			Ų
I. Corporate ID No.	2. Name of Corpor	ration			`
76294	LIQUID BLI				
B. Street Address Principal Busin One Crownmark Driv	ness Office	56, mo.	City Lincoln	State RI	Zip 02865
t. Business Phone No. 401-333-6200		5. State of Incorporati RHODE ISLA	o n	Ki	6. SIC Code
7. Brief Description of the Chara manufacutring clothi	cter of Business Conducted		ND		679
B. NAMES AND ADDR	ESSES OF THE OFF	TCERS (*x* BOX FOR ATT	FACHMENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTACI	HMENTS
Paul Roidoulis			: Street Addiess		
44 Holly Street	State	Zip	Gity	State	710
Providence ecretary Name	RI	02906	Treasurer Name		Zip
Paul Roidoulis treet Address			Paul Roidoulis		
44 Holly Street	State	Zip	44 Holly Street	free	
Providence	RI	02906	Providence	State RI	21p 02906
P. NAMES AND ADDRI	ESSES OF THE DIR	ECTORS (*x* box for a	TTACHMENT) FILL IN SPA Director Norme	CES BEFORE USING ATTA	CHMENTS
Paul Roidoulis treet Address			Street Address		
44 Holly Street	State	Zip	: City	State	Zip
Providence frector Name	RI	02906	Ditector Name		·
rect Address			Street Address		
ity	State	Zip	City	State	Zip
0. SHARES AUTHORIZ ЛНОКІХІІ SHARES	ED ("X" BOX FOR ATT	ACHMENT) .	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT)	
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 COMM \$1.00 PAR	RVALUE		300.00	Class A Common	\$1.00
			300.00	Class B Common	\$1.00

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



File Date:	3.6.02
Check No.:	22366
Ву:	2
FOR SECRETARY OF	STATE USE ONLY

Under penalty of perjury, I dec	lare and affirm that I have examined
this report, including any acco	mpanying schedules and statements, and
that all statements contained h	erein are true and correct.
Signuture of Officer .	Date
Paul Roidaili	S
Print or Type Name of Officer President	
Title of Officer	Form 630 1201

1. Corporate ID No. 76294

3. Street Address Principal Business Office

FOR SECRETARY OF STATE USE ONLY

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

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

(FORM MUST BE TYPED IN BLACK)

LIQUID BLUE, INC.

			City Lincoln	State R1	zip 02865
4. Rusiness Phone No 401-333-6200		S. State of Incorporation RHODE ISLAN			6. SIC Code
7. Brief Description of the Character manufacutring clothing	of Business Conducted in	Rhode island			
8. NAMES AND ADDRES! President Name	SES OF THE OFFIC	ERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPAC	ES BEFORE USING ATTAC	CHMENTS
Paul Roidoulis Street Address			Street Address		
44 Holly Street					
City	State	Zip	City	State	Zip
Providence	RI	02906			
Secretary Name		•	Treasurer Name		
Paul Roidoulis			Paul Roidoulis		
Street Address			Street Address		
44 Holly Street			44 Holly Street		
Providence	State R1	02906	Cur Providence	State RI	02906
9. NAMES AND ADDRESS Director Name	SES OF THE DIREC	CTORS ("X" BOX FOR AT	FACHMENT) FILL IN SPA	CES BEFORE USING ATTA	ACHMENTS
Paul Roidoulis Street Address			Street Address		
44 Holly Street					
City	State	Zip	City	State	Zip
Providence	RI	02906			
Director Name			Director Name	• .	•
Street Address			Street Address		
City	State	Zip	Сиу	State	Zip
) ("X" BOX FOR ATTAC	HMENT)		O ("X" BOX FOR ATTACHMENT	")
10. SHARES AUTHORIZEI AUTHORIZEI SHARES Number of Shares) ("X" BOX FOR ATTAC	HMENT) Par Value	11. SHARES ISSUED SSUED SHARES Number of Shares		
AUTHORIZED SHARES	Class/Scries		ESUED SHARES	Class/Series Class A Common	Par Value \$1.00

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.

KOIDOULIS

Title of Officer



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 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 76294 LIQUID BLUE, INC. 3. Street Address Principal Business Office ONE CROWNMARK 4. Business Phone No. 5. State of Incorporation 401-333-6200 RHC 7. Brief Description of the Character of Business Conducted in Rhade Island MANUFACTURING CLOTHING

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS PAUL A ROIDOULIS State Zip 02906 City State City State 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name PAUL A ROIDOULIS Street Address City State ZIP Director Name Street Address Street Address State City State ZIp 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUEJ) SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 8,000 SHS COMM \$1.00 PAR 301

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

Flie Date:	* 76294*
Check No.:	16236
By:	Ce
	Y OF STATE USE ONLY

Under penalty of perjury, I declare	and affirm that I have examined
this report, including any accompa	nying schedules and statements, and
that all statements contained hereis	n are title and correct.
(While	<u> </u>
Signature of Officer PAUL A ROIDOULIS	Date
Print or Type Name of Officer	
Title of Officer	



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

PR

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00	STOP PITASERIAD INSTRUCTIONS
(FORM MUST BE TYPED IN BLACK)	
1. Corporate ID No. 2. Name of Corporation	

76294	LIQUID BLU	IE, INC.			
3. Street Address Principal B			City	State	
One Crown.	mark Drive	S. State of Incorporation	Lincoln	RI	02865
401- 333.62 7. Brief Description of the Ci	local liaracter of Business Conducted	RHODE ISLAND		- .	679
8. NAMES AND ADI	DRESSES OF THE OFF	ICERS ('x' box for attachi	MENT) (I FILL IN SPACE	S BEFORE USING ATTACH	MENTS
President Name			Vice President Name		
Paul A. Ro Street Address			Street Address	-	
Cay HOILY	Street				
City	State	Zip	City	State	Zip -
Providence	RI.	02904	Treasurer Name		
Same			:		
Street Address			Scine Street Address		-
City	State	Zip	City	- ; State	Zip
9. NAMES AND ADI	DRESSES OF THE DIR	ECTORS (*X* BOX FOR ATTAC	CHMENT) TFILL IN SPAC	LES BEFORE USING ATTAC	HMENTS
Director Name			Director Name		
Privi A K	'oidoturs		Street Address		
44 Holly	Strect		•		
Projection	Strect state RI	21p 02906	City	State	Zip
Director Name	•	······································	Director Name	•	·····t·······
Street Address			: Street Address :		
City	State	Zip .	City	³ State	Zip
10. SHARES AUTHO	RIZED ("X" BOX FOR ATT	ACHMENTI	ii Shadec teetien	(*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES			ISSUED SHARES	(A BOX FOR ATTACHMENT)	<u> </u>
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
0.000.0110.00141	M 64 00 DAD			†	
8,000 SHS COMI	M \$1.00 PAH		30/	Common	1.00
_,				1	
This report must be	signed in ink by citl	ner the President, Vice Pr	esident, Secretary, As	sistant Secret <mark>ary, Trea</mark> sur	er, Receiver or Trustee
	* 7 6 2 9 4	*		perjury, I declare and affirm	
. ,	00			ing any accompanying sched	
File Date:	10-79		That an statements	contained horein are true a	na correct.
	12000		- qui	uce	
Check No.:	15312		Signature of Officer	<u> </u>	Date
	amr	111		<u> </u>	
Ву:	71111		Print or Type Name of (
FOR SECRETARY OF STATE	E USE ONLY		THE OF OFFICE	<u>r</u>	



James R. Langevin, Secretary of State Corporations Division
100 North Main Street, Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

CLOKM MO21 BE LIBED IN B					
1. Corporate ID No.	2. Name of Corpor		•	•	`
76294	LIQUID BL	UE, INC.			
3. Street Address Principal Busine	_		Cipy	State	Zip
ONE CROWN	MARK DRIVE		City LINCULN	RT.	02865
4. Business Phone No.	·	5. State of Incorporati	011	~~	6. SIC Code
401-333-6200		RHODE ISLA	AND		0679
7. Brief Description of the Charac	ter of Rusiness Conducted	in Rhode Island			00/3
MANUFACTURING	CLOTHING				
8. NAMES AND ADDRE		ICERS (*X* BOX FOR ATT	FACHMENT)		
			Vice President Name		
PAUL A Rapo	DUIS		JAME		
Street Address	J-13		Street Address		
President Name PAUL A RODO Street Address 44 HOLLY ST City PROVIDENCE	005		Street Address		
City	State	Zip	City	.	_
ROVINENCE	RT	02906	City	State	Zip
Secretary Name	/_	02108			
SAME			Treasurer Name		
) 4775 Street Address			SAME		
			Street Address		
City	State	Zip	6 %		
		<i>2.1</i> p	City	State	Zip
9. NAMES AND ADDRE	SSES OF THE IMP	ECTORS (ave now son			
Director Name		ECIORS CY-ROX FOR Y			
Day A Roy	30.0.1		Director Name		
Street Address	700613		.		
PAUL A ROID Street Address 44 HOLLY S City PROVIDENCE	4061-		Street Address		
City D	TICET	W.			
Dania	PT	Zip	City	State	Zip
PICOVIDE/VEE Director Name	$\mathcal{N}_{\mathcal{L}}$	02906			
is it is a second			Director Name		
Street Address					
			Street Address		
City	State	7:4	a)		
- •	Stuff	Zip	City	State	Zip
10. SHARES AUTHORIZI	ED (*x* ROY FOR 177	ACHAENT)	11 CHARRO (00:		
AUTHORIZED SHARES	DON TOR ALL	ACHMENT)		("X" BOX FOR ATTACHMENT	")
Number of Shares	Class/Series	Par Value	ISSUED SHARES		
	C1833/3(183	rar vaine	Number of Shares	Class/Series	Par Value
8,000 SHS COMM \$	1.00 PAR		301	COMMON	# 1.00
•			J - 1	CUMMON	A 1.00
his report must be sign	n ed in ink by eith	ner the President, Vic	e President, Secretary, As	Sistant Secretary Trease	itot Dacaivar a-
	•	,		occicia, meast	ici, neceivel Of

rustee

	* 7 6 2 9 4 *
File Date:	1.3098
Check No.:	1095/ 1
Ву:	WP M
FOR SECRETA	RY 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	Date	-
PAUL A ROIDOULD		
Print of Type Name of Officer		
PRESIDENT		



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January I-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPEI) IN BLACK) 1. Corporate ID No. 2. Name of Corporation 76294 LIQUID BLUE, INC. 3. Street Address Principal Business Office ONE CROWNMARK 02865 L. Business Phone No. 6. SIC Code RHODE ISLAND 0679 Brief Description of the Character of Business Conducted in Rhode Island TIE DYE CLOTHING MANUFACTURER
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" HOX FOR ATTACHMENT) President Name : Vice President Name ROIDOULIS SAME State Zip Treasurer Name - City State City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) Director Name Street Address City State Zip Director Name Street Address Street Address City Zip City State Zip 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUTED SHARES 🗸 Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 8,000 SHS COMM \$1.00 PAR 301

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

	* 7 6 2 9 4 *	Under penalty of perjury, I declare and affirm	that I have examined
ille Date:	6-97	this report, including any accompanying sche that all statements contained herein are true a	dules and statements, and
Check No.: YU	50 1 180	Signatura of Officer PAUL ROIDOUL IS Print or Type Name of Officer	Date
OR SECRETARY OF STATE	USE ONLY	PRESIDENT Title of Officer	

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 New Medic Science

100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

1. CORPORATE ID MO.	To have or composition	PLEASE TYPE OR	PRINT IN BLACK INK.	· · · · · · · · · · · · · · · · · · ·		
	2 NAME OF CORPORATION					
76294 LIQUID BLUE, INC.			Tany	STATE	Z.P COO€	
ONE CROWNMARK DRIVE			LINCULN	RI	02865	
4 BUSINESS PHONE NO.	KK ONIVE	5 STATE OF BICORPORATION	- LINCOLN	11-4-	6. SIC CODE	
(401) 333-62 7. BPGET DESCRIPTION OF THE CHARACTER OF	200	RHODE IS				
			ESSES OF THE O			
PRESIDENT NAVE	8. NA	MES AND ADDR	ESSES OF THE O	FICERS		
PAUL ROIDOULIS			SAME			
44 Hour STR	EST		STREET ADORESS			
PROVIDENCE	STATE	02906	arv	STATE	ZIP C0:01E	
SAME			TREASURER HAVE			
STREET ADORESS			STREET ADDRESS			
απ	STATE	72° COOE	άlγ	\$1ATE	<i>IIP</i> C005	
DIRECTOR TIME	9 . N A	MES AND ADDR	ESSES OF THE DI	RECTORS		
PAUL ROIDOULIS	<u> </u>		DIRECTOR NAME			
44 HOLLY STRE	ET		STREET ADDRESS			
PROVIDENCE	STATE	02906	ατγ	STATE	ZIP CODE	
DURECTOR NAME			DIRECTOR NAVE			
STREET ADDRESS			STREET ADORESS			
äηγ	STATE	ZIP CODE	спу	STATE	ZIP CODE	
	10. S	HARES AUTHOR	IZED AND ISSUED			
PLUISES US CHADES	AUTHORIZED SHARES	ONDWINE	AANUTE OF CHIEF	ISSUED SHARES		
MUNISER OF SHARES CLASS / SERIES PAR VALUE		MUMBER OF SHARES	CLASS / SERTES	PAR VALUE		
8,000 SHS COMM \$1.00 PAR		301	COMM	\$1.00 PAR		
			1			
	7.				<u> </u>	
Presi	inent, Vice Presid	is report must be SIC lent, Secretary, Assis	GNED IN INK by either that the stant Secretary, Treasurer	ne ; Receiver or Truste	e 	
		•			affirm that I have examined this	

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

Pay Rolpouls

Print or Type Name of Officer

RESIDENT

Title of Officer

Date

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335

401-277-3040

ANNUAL REPORT

Please Type or Print File Annually - Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

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

Corporate ID:	0076294	·· · ·	Annual Repo	ort for the year:	1995	
Name of Corporation	LIQUID E	LUE, INC.	······································			<u> </u>
Business entity organize	ed under the laws of the State of ess and telephone number of pr		[V] Bus	Entity is (check one): iness Corporation (See RIO		
	· · · · · · · · · · · · · · · · · · ·		-	essional Service Corporati		•
Phone (401) 33			Bnet state	ement of the character of by Sye Commune M	usiness conducte	d in Rhode Island:
Island (Provide street ac	MARK PRIVE	ess entity in Knode	- · · · - · · · · · · · · · · · · ·			
Phone (401) 33			·			
— — · · · · · · · · · · · · · · · · · ·	· —— — -	_	<u> </u>	· · - - · · · ·	· · · · · · · · · · · · · · · · · · ·	
PRESIDENT			F THE OFFICE!			
PAUL ROIDE	<u> </u>	44 HoLLY	(PROVIDENCE	^ _	02906
SECRETARY SAME	<u></u>		ET ADDRESS	CITYSIAI		ZIP CODE
TREASURER OF	·············	STRF:	ET ADDRESS	CITYSTAT:		ZIP CODE
	·	THE NAMES OF	THE DIRECTO	ORS ARF:	·	
NAME OF THE PROPERTY OF THE PR		STRE	ET ADDRESS	CITY STATE		ZIL COOF
NAME ROLDOUL	<u> </u>	. 44 HOLLY	ET ADDRESS	PROVIDENCE CITYSTATE	RI -	02906 XIR CODE
NAME		STRE	EU ADDRESS	CITYSTATE	<u> </u>	ZIP CODE.
NUMBER OF SHARES	AUTHORIZED (Rider may be a	tached)	NUMBER OF	SHARES ISSUED AND OU		der may be attached)
Number of Shares	Class / Series		Number of Si	hares Class / S	Series	
8,000 Cg	COMMON		300	COM	non	
Date		Bv:4	2	To Park		
			TOR TYPE NAME OF OFFICE	ER SIGNING		
Form 31 1/95	DESIGNATE	·	AGENT FOR SE	RVICE OF PROCESS	· · · · · · · · · · · · · · · · · · ·	
PLEASE NOTE: If the	registered office and/or regist	ered agent indicated b	clow is incorrect, Fo	orm 9 must be filed.		

ADLER POLLOCK & SHEEHAN 2300 HOSPITAL TRUST TOWER PROVIDENCE RI 02903

FILED

MAR 8 1995

BY

TS

State of Rhode Island and Providence Plantations

Name of Corporation: LIQUID BLUE, INC.

Business entity organized under the laws of the State of: RHODE ISLAND

For foreign entity, address and telephone number of principal office:

Corporate ID:

Office of the Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually - Jan. 1 - March 1

Filing Fee \$50.00

Make Checks Payable to: Secretary of State

Annual Report for the year: 1995

[X] Business Corporation (See RIGL Chapter 7-1.1)

Business Entity is (check one):

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED. 76294

N/A		[] Profes	[] Professional Service Corporation (See RIGL Chapter 7-5.1)			
		Brief Stateme	ent of the character of business conduc	ted in Rhode Island:		
	the principal office of business entity in eet address - Not P.O. Box):	MANUEAC	CTVRING-			
Phone: (401) 333-6	200					
	THE NAMES	OF THE OFFICERS A	RE:			
PRESIDENT Paul A. Roidoulis	STREET 44 HOLLY S	ADDRESS TREET	PROVIDENCE , RI	ZIP CODE 62906		
VICE PRESIDENT	STREET	ADDRESS 7	CITY/STATE	ZIP CODE		
SECRETARY Paul A. Roidoulis	STREET Same as above	ADDRESS	CITY/STATE	ZIP CODE		
TREASURER Paul A. Roidoulis	STREET Same as above	ADDRESS	CITY/STATE	ZIP CODE		
	THE NAMES O	F THE DIRECTORS A	RE:			
name N/A	STREET	ADDRESS	CITY/STATE	ZTP CODE		
NAME	STREET	ADDRESS	СПУ/STATE	ZIP CODE		
NAME	STREET	ADDRESS	CITY/STATE	ZIP CODE		
NUMBER OF SHARES	AUTHORIZED (Rider may be attached)	NUMBER OF SH	ARES ISSUED AND OUTSTANDIN	IG (Rider may be attached		
Number of Shares	Class/Scries	Number of Shares	Class/Series			
8,000	Common// Par Value	301	Common/ Par Va	aluc		
Date March	1 ,19 <u>95</u>	PRINT OR TYPE NAME OF OFFILE TITLE OF OFFICER SIGNING	A. Roidoulis cersigning ent			
	DESIGNATED REGISTE					
	egistered office and/or registered agent in		til	ed		