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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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		City	State	Zip
ONE CROWNMARK DRIVE		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 Character of Business Conducted in Rhode Island
TO CUSTOM DYE TEXTILES AND ANY OTHER MATERIALS WOVEN WITH NATURAL FIBERS 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					
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		
City	State	Zip	City	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	Zip	City	State	Zip
Providence	RI	02906			
Director Name			**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
8,000 COMM $1.00 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

[redacted] 

76294 DBC 02/24/05 03:17:27 PM
File Date 5-31-05
Check No. 32003
By: Q
FOR SECRETARY OF STATE USE ONLY

[redacted]

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 Roidoulis
Print or Type Name of Officer

[redacted] President
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

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	City	State	Zip
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 FIBERS 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	
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
City / State / Zip	City / 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 / Zip	City / State / Zip
Providence / RI / 02906	
Director Name	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
8,000 COMM $1.00 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

[redacted] [barcode] 76294 [redacted]

76294 DBC 02/26/04 08:55:35 AM
File Date 3/25/04
Check No. 28326
By: DA
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 — Date: 3.18.04

PAUL A. ROIDOULIS
Print or Type Name of Officer

[redacted] PRESIDENT
Title of Officer

Form 630 12/01

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

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
76294	LIQUID BLUE, INC.

3. Street Address Principal Business Office	City	State	Zip
One Crownmark Drive	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 Character of Business Conducted in Rhode Island
manufacutring clothing

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	
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
City / State / Zip	**City / 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 / Zip	**City / State / Zip**
Providence / RI / 02906	
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
8,000 COMM	$1.00 PAR VALUE	

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

ISSUED SHARES

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

[redacted] [redacted]

76294

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.

File Date: 3-12-03

Check No.: 25193

By: KMC

FOR SECRETARY OF STATE USE ONLY

[redacted]

Signature of Officer — *Date* 3/6/03

PAUL A. ROIDOULIS
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 12/02

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

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.
76294

2. Name of Corporation
LIQUID BLUE, INC.

3. Street Address Principal Business Office
One Crownmark Drive

City
Lincoln

State
RI

Zip
02865

4. Business Phone No.
401-333-6200

5. State of Incorporation
RHODE ISLAND

6. SIC Code
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)* FILL IN SPACES BEFORE USING ATTACHMENTS

President Name
Paul Roidoulis
Street Address
44 Holly Street
City Providence *State* RI *Zip* 02906

Vice President Name
Street Address
City *State* *Zip*

Secretary Name
Paul Roidoulis
Street Address
44 Holly Street
City Providence *State* RI *Zip* 02906

Treasurer Name
Paul Roidoulis
Street Address
44 Holly Street
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
Paul Roidoulis
Street Address
44 Holly Street
City Providence *State* RI *Zip* 02906

Director Name
Street Address
City *State* *Zip*

Director Name
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*
8,000 COMM		$1.00 PAR VALUE

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

ISSUED SHARES

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

[redacted]

* 7 6 2 9 4 *

File Date: 3.6.02

Check No.: 223606

By: 2

FOR SECRETARY OF STATE USE ONLY

[redacted]

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 Roidoulis
Print or Type Name of Officer

President
Title of Officer

Form 630 12/01

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

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
76294	LIQUID BLUE, INC.

3. Street Address Principal Business Office	City	State	Zip
One Crownmark Drive	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 Character of Business Conducted in Rhode Island
manufacutring clothing

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

President Name	Street Address	City	State	Zip
Paul Roidoulis	44 Holly Street	Providence	RI	02906

Vice President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
Paul Roidoulis	44 Holly Street	Providence	RI	02906

Treasurer Name	Street Address	City	State	Zip
Paul Roidoulis	44 Holly Street	Providence	RI	02906

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

Director Name	Street Address	City	State	Zip
Paul Roidoulis	44 Holly Street	Providence	RI	02906

Director Name	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
8,000	COMM	$1.00 PAR VALUE

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

ISSUED SHARES

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

[redacted]

76294

File Date: 3/2/07

Check No.: 19517

By: KLO

FOR SECRETARY OF STATE USE ONLY

[redacted]

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: 2/20/01

PAUL A ROIDOULIS
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 Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

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.: 76294
2. Name of Corporation: LIQUID BLUE, INC.
3. Street Address Principal Business Office: ONE CROWNMARK DRIVE
   City: LINCOLN State: RI Zip: 02865
4. Business Phone No.: 401-333-6200
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 679
7. Brief Description of the Character of Business Conducted in Rhode Island: MANUFACTURING CLOTHING

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

President Name: PAUL A ROIDOULIS
Street Address: 44 HOLLY STREET
City: PROVIDENCE State: RI Zip: 02906

Vice President Name: SAME
Street Address:
City: State: Zip:

Secretary Name: SAME
Street Address:
City: State: Zip:

Treasurer Name: SAME
Street Address:
City: State: Zip:

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

Director Name: PAUL A ROIDOULIS
Street Address: 44 HOLLY STREET
City: PROVIDENCE State: RI Zip: 02906

Director Name:
Street Address:
City: State: Zip:

Director Name:
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
8,000 SHS	COMM	$1.00 PAR

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
301	COMMON	1.00

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

[redacted]

76294

File Date: 1/4/00

Check No.: 160236

By: CC

FOR SECRETARY OF STATE USE ONLY

[redacted]

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 ROIDOULIS
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 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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 76294
2. Name of Corporation: LIQUID BLUE, INC.
3. Street Address Principal Business Office: One Crownmark Drive
City: Lincoln State: RI Zip: 02865
4. Business Phone No.: 401-333-6200
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 679
7. Brief Description of the Character of Business Conducted in Rhode Island: Manufacturing Clothing

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

President Name: Paul A. Koidowis
Street Address: 44 Holly Street
City: Providence State: RI Zip: 02906

Vice President Name:
Street Address:
City: State: Zip:

Secretary Name: Same
Street Address:
City: State: Zip:

Treasurer Name: Same
Street Address:
City: State: Zip:

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

Director Name: Paul A Koidowis
Street Address: 44 Holly Street
City: Providence State: RI Zip: 02906

Director Name:
Street Address:
City: State: Zip:

Director Name:
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
8,000 SHS	COMM	$1.00 PAR

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
301	Common	1.00

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

[redacted] * 7 6 2 9 4 * [redacted]

File Date: 1-15-99

Check No.: 13372

By: AMF

FOR SECRETARY OF STATE USE ONLY

[redacted]

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. Koidowis
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 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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 76294
2. Name of Corporation: LIQUID BLUE, INC.
3. Street Address Principal Business Office: ONE CROWNMARK DRIVE — City: LINCOLN — State: RI — Zip: 02865
4. Business Phone No.: 401-333-6200
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 0679
7. Brief Description of the Character of Business Conducted in Rhode Island: MANUFACTURING CLOTHING

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

President Name: PAUL A RAIDOULIS
Street Address: 44 HOLLY STREET
City: PROVIDENCE — State: RI — Zip: 02906

Vice President Name: SAME
Street Address:
City: — State: — Zip:

Secretary Name: SAME
Street Address:
City: — State: — Zip:

Treasurer Name: SAME
Street Address:
City: — State: — Zip:

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

Director Name: PAUL A RAIDOULIS
Street Address: 44 HOLLY STREET
City: PROVIDENCE — State: RI — Zip: 02906

Director Name:
Street Address:
City: — State: — Zip:

Director Name:
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
8,000 SHS	COMM	$1.00 PAR

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
301	COMMON	$1.00

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

[redacted] * 7 6 2 9 4 *

File Date: 1.30.98
Check No.: 10951
By: WP
FOR SECRETARY OF STATE USE ONLY

[redacted]

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 RAIDOULIS
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 Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

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.: 76294
2. Name of Corporation: LIQUID BLUE, INC.
3. Street Address Principal Business Office: ONE CROWNMARK DRIVE — City: LINCOLN — State: RI — Zip: 02865
4. Business Phone No.: (401) 333-6200
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 0679
7. Brief Description of the Character of Business Conducted in Rhode Island: TIE DYE CLOTHING MANUFACTURER

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

President Name: PAUL ROIDOULIS
Street Address: 44 HOLLY STREET
City: PROVIDENCE — State: RI — Zip: 02906

Vice President Name: SAME
Street Address:
City — State — Zip

Secretary Name: SAME
Street Address:
City — State — Zip

Treasurer Name: SAME
Street Address:
City — State — Zip

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

Director Name: PAUL ROIDOULIS
Street Address: 44 HOLLY STREET
City: PROVIDENCE — State: RI — Zip: 02906

Director Name:
Street Address:
City — State — Zip

Director Name:
Street Address:
City — State — Zip

Director Name:
Street Address:
City — State — Zip

10. SHARES AUTHORIZED AND 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 SHS	COMM	$1.00 PAR	301	Common	$1.00

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

[redacted] *76294*

File Date: 2-5-97
Check No.: 8656
By: LCP / LTC
FOR SECRETARY OF STATE USE ONLY

[redacted]

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: 1/22/97
PAUL ROIDOULIS
Print or Type Name of Officer
PRESIDENT
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996

Filing Period: January 1–March 1
Filing Fee: $50.00

State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.	2 NAME OF CORPORATION		
76294	LIQUID BLUE, INC.		
3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
ONE CROWNMARK DRIVE	LINCOLN	RI	02865
4 BUSINESS PHONE NO.	5 STATE OF INCORPORATION		6. SIC CODE
(401) 333-6200	RHODE ISLAND		0679

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
TIE DYE CLOTHING MANUFACTURER

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	VICE PRESIDENT NAME
PAUL ROIDOULIS	SAME
STREET ADDRESS	STREET ADDRESS
44 HOLLY STREET	
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE
PROVIDENCE / RI / 02906	
SECRETARY NAME	TREASURER NAME
SAME	SAME
STREET ADDRESS	STREET ADDRESS
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	DIRECTOR NAME
PAUL ROIDOULIS	
STREET ADDRESS	STREET ADDRESS
44 HOLLY STREET	
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE
PROVIDENCE / RI / 02906	
DIRECTOR NAME	DIRECTOR NAME
STREET ADDRESS	STREET ADDRESS
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
8,000 SHS	COMM	$1.00 PAR	301	Comm	$1.00 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 herein are true and correct.

Signature of Officer

PAUL ROIDOULIS
Print or Type Name of Officer

PRESIDENT — 2/5/96
Title of Officer — Date

File Date: 3/1/96
Check No: 6241
By: CP
For Secretary of State Use Only

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 Report for the year: 1995

Name of Corporation: LIQUID BLUE, INC.

Business entity organized under the laws of the State of: RI

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

Phone: (401) 333-6200

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
ONE CROWNMARK DRIVE
LINCOLN RI 02865

Phone (401) 333-6200

Business Entity is (check one):
[✓] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:
TIE DYE CLOTHING MANUFACTURER

THE NAMES OF THE OFFICERS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	PAUL ROIDOULIS	44 HOLLY ST	PROVIDENCE RI	02906
VICE PRESIDENT				
SECRETARY	SAME			
TREASURER	SAME			
	SAME			

THE NAMES OF THE DIRECTORS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
	PAUL ROIDOULIS	44 HOLLY ST	PROVIDENCE, RI	02906

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class / Series
~~15,000~~ 8,000 cg	COMMON

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
300	COMMON

Date JANUARY 24, 1995

By: PAUL ROIDOULIS
PRINT OR TYPE NAME OF OFFICER SIGNING
TITLE OF OFFICER SIGNING PRESIDENT

Form 31 '/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

ADLER POLLOCK & SHEEHAN
2300 HOSPITAL TRUST TOWER
PROVIDENCE RI 02903

FILED
MAR 8 1995
By 2875

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: 76294

Annual Report for the year: 1995

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:
N/A

Business Entity is (check one):
[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief Statement of the character of business conducted in Rhode Island:

MANUFACTURING

Phone:
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
One Crownmark Drive
Lincoln, RI 02865

Phone: (401) 333-6200

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT Paul A. Roidoulis	44 HOLLY STREET	PROVIDENCE, RI	02906
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
SECRETARY Paul A. Roidoulis	STREET ADDRESS Same as above	CITY/STATE	ZIP CODE
TREASURER Paul A. Roidoulis	STREET ADDRESS Same as above	CITY/STATE	ZIP CODE

THE NAMES OF THE DIRECTORS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME N/A			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

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
8,000	Common/$1 Par Value	301	Common/$1 Par Value

Date March 1, 1995

By: Paul A. Roidoulis
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

Adler Pollock & Sheehan, Inc., 2300 Hospital Trust Tower, Providence, Rhode Island 02903

Filed
3/8/95
1/03/02