



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. 100499		2. Name of Corporation GRAPHIC SOLUTIONS FOR BUSINESS, INC.			
3. Street Address Principal Business Office 3970 POST ROAD			City WARWICK	State RI	Zip 02886-
4. Business Phone No. 4018861130		5. State of Incorporation RHODE ISLAND		6. SIC Code 7716	
7. Brief Description of the Character of Business Conducted in Rhode Island ANY ACTIVITIES IN ANY WAY RELATING TO MAINTAINING, OPERATING, MANAGING AND PROVIDING GRAPHIC DESIGN SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN RONNIE LAMB		Vice President Name GEOFFREY SKOG			
Street Address 3970 POST ROAD		Street Address 3970 POST ROAD			
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name GEOFFREY SKOG		Treasurer Name JOHN RONNIE LAMB			
Street Address 3970 POST ROAD		Street Address 3970 POST ROAD			
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOHN RONNIE LAMB		Director Name GEOFFREY SKOG			
Street Address 3970 POST ROAD		Street Address 3970 POST ROAD			
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000	NO PAR VALUE		200	COMMON	NO PAR

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



1 0 0 4 9 9

100499 DBC 01/1/05 10:39:14 AM

File Date 2/15/05

Check No. 4101

By: D.

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 1/25/2005
JOHN RONNIE LAMB
Print or Type Name of Officer
PRESIDENT
Title of Officer



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. 100499 2. Name of Corporation GRAPHIC SOLUTIONS FOR BUSINESS, INC.
3. Street Address Principal Business Office 3970 POST ROAD City WARWICK State RI Zip 02886-
4. Business Phone No. 4018861130 5. State of Incorporation RHODE ISLAND 6. SIC Code 7716

7. Brief Description of the Character of Business Conducted in Rhode Island
ANY ACTIVITIES IN ANY WAY RELATING TO MAINTAINING, OPERATING, MANAGING AND PROVIDING GRAPHIC DESIGN SERVICES.

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

President Name			Vice President Name		
JOHN RONNIE LAMB			GEOFFREY SKOG		
Street Address			Street Address		
3970 POST ROAD			3970 POST ROAD		
City	State	Zip	City	State	Zip
WARWICK	RI	02886	WARWICK	RI	02886
Secretary Name			Treasurer Name		
GEOFFREY SKOG			JOHN RONNIE LAMB		
Street Address			Street Address		
3970 POST ROAD			3970 POST ROAD		
City	State	Zip	City	State	Zip
WARWICK	RI	02886	WARWICK	RI	02886

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

Director Name			Director Name		
JOHN RONNIE LAMB			GEOFFREY SKOG		
Street Address			Street Address		
3970 POST ROAD			3970 POST ROAD		
City	State	Zip	City	State	Zip
WARWICK	RI	02886	WARWICK	RI	02886
Director Name			Director Name		
Street Address			Street Address		
City			City		
State			State		
Zip			Zip		

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
4,000	NO PAR VALUE	

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
200	COMMON	NO PAR

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



1 0 0 4 9 9

100499 DBC 01/17/04 10:39:14 AM
File Date 2-24-04
Check No. 3630
By: [Signature]
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] 1/27/04
Signature of Officer Date
JOHN RONNIE LAMB
Print or Type Name of Officer
PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *100499* 2. Name of Corporation GRAPHIC SOLUTIONS FOR BUSINESS, INC.
3. Street Address Principal Business Office 3790 POST ROAD City WARWICK State RI Zip 02886-
4. Business Phone No. 4018861130 5. State of Incorporation RHODE ISLAND 6. SIC Code 7716

7. Brief Description of the Character of Business Conducted in Rhode Island
ANY ACTIVITIES IN ANY WAY RELATING TO MAINTAINING, OPERATING, MANAGING AND PROVIDING GRAPHIC DESIGN SERVICES.

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

President Name			Vice President Name		
JOHN RONNIE LAMB			GEOFFREY SKOG		
Street Address			Street Address		
3970 POST ROAD			3970 POST ROAD		
City	State	Zip	City	State	Zip
WARWICK	RI	02886	WARWICK	RI	02886
Secretary Name			Treasurer Name		
GEOFFREY SKOG			JOHN RONNIE LAMB		
Street Address			Street Address		
3970 POST ROAD			3970 POST ROAD		
City	State	Zip	City	State	Zip
WARWICK	RI	02886	WARWICK	RI	02886

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

Director Name			Director Name		
JOHN RONNIE LAMB			GEOFFREY SKOG		
Street Address			Street Address		
3970 POST ROAD			3970 POST ROAD		
City	State	Zip	City	State	Zip
WARWICK	RI	02886	WARWICK	RI	02886
Director Name			Director Name		
Street Address			Street Address		
City			City		
State	Zip	State	Zip	State	Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
4,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
200 SHARES COMMON NO PAR

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



100499 DBC1/12/033:23:17 PM
File Date 2/20/03
Check No. 3149
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
Date 1/17/2003
JOHN RONNIE LAMB
Print or Type Name of Officer
PRESIDENT
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 100499 2. Name of Corporation GRAPHIC SOLUTIONS FOR BUSINESS, INC. State RI Zip 02886
3. Street Address Principal Business Office 3970 POST ROAD City WARWICK
4. Business Phone No. 401-886-1130 5. State of Incorporation RHODE ISLAND 6. SIC Code 7716
7. Brief Description of the Character of Business Conducted in Rhode Island GRAPHIC DESIGN FIRM

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

President Name <u>JOHN RONNIE LAMB</u> Street Address <u>3970 POST ROAD</u> City <u>WARWICK</u> State <u>RI</u> Zip <u>02886</u>	Vice President Name <u>GEOFFREY SKOG</u> Street Address <u>3970 POST ROAD</u> City <u>WARWICK</u> State <u>RI</u> Zip <u>02886</u>
Secretary Name <u>GEOFFREY SKOG</u> Street Address <u>3970 POST ROAD</u> City <u>WARWICK</u> State <u>RI</u> Zip <u>02886</u>	Treasurer Name <u>JOHN RONNIE LAMB</u> Street Address <u>3970 POST ROAD</u> City <u>WARWICK</u> State <u>RI</u> Zip <u>02886</u>

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

Director Name <u>JOHN RONNIE LAMB</u> Street Address <u>3970 POST ROAD</u> City <u>WARWICK</u> State <u>RI</u> Zip <u>02886</u>	Director Name <u>GEOFFREY SKOG</u> Street Address <u>3970 POST ROAD</u> City <u>WARWICK</u> State <u>RI</u> Zip <u>02886</u>
---	--

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

AUTHORIZED SHARES	Class/Series	Par Value
<u>4000 SHARES</u>	<u>COMMON</u>	<u>NO PAR VALUE</u>

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

ISSUED SHARES	Class/Series	Par Value
<u>200 SHARES</u>	<u>COMMON</u>	<u>NO PAR</u>

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

File Date: 2/22/2002

Check No.: 2639

By: [Signature]

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: [Signature] Date: 1/23/02
JOHN RONNIE LAMB, PRESIDENT

Print or Type Name of Officer

Title of Officer



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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 100499 2. Name of Corporation GRAPHIC SOLUTIONS FOR BUSINESS, INC.
3. Street Address Principal Business Office 3970 POST ROAD City WARWICK State RI Zip 02886
4. Business Phone No. 401-886-1130 5. State of Incorporation RHODE ISLAND 6. SIC Code 7716
7. Brief Description of the Character of Business Conducted in Rhode Island

GRAPHIC DESIGN FIRM

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

President Name JOHN RONNIE LAMB Street Address <u>3970 POST ROAD</u> City <u>WARWICK</u> State <u>RI</u> Zip <u>02886</u> Secretary Name	Vice President Name GEOFFREY SKOG Street Address <u>3970 POST ROAD</u> City <u>WARWICK</u> State <u>RI</u> Zip <u>02886</u> Treasurer Name
GEOFFREY SKOG Street Address <u>3970 POST ROAD</u> City <u>WARWICK</u> State <u>RI</u> Zip <u>02886</u>	JOHN RONNIE LAMB Street Address <u>3970 POST ROAD</u> City <u>WARWICK</u> State <u>RI</u> Zip <u>02886</u>

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

Director Name JOHN RONNIE LAMB Street Address <u>3970 POST ROAD</u> City <u>WARWICK</u> State <u>RI</u> Zip <u>02886</u>	Director Name GEOFFREY SKOG Street Address <u>3970 POST ROAD</u> City <u>WARWICK</u> State <u>RI</u> Zip <u>02886</u>
---	--

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

AUTHORIZED SHARES	Class/Series	Par Value
4000 SHARES	COMMON	NO PAR VALUE

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

ISSUED SHARES	Class/Series	Par Value
200 SHARES	COMMON	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 herein are true and correct.

File Date: FEB 20 2001

Check No.: FEB 20 2001

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

[Signature] Date 1/31/01
Signature of Officer
JOHN RONNIE LAMB, PRESIDENT

Print or Type Name of Officer

Title of Officer

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. **100499** 2. Name of Corporation **GRAPHIC SOLUTIONS FOR BUSINESS, INC.**
3. Street Address Principal Business Office **3790 POST ROAD** City **WARWICK** State **RI** Zip **02886**
4. Business Phone No. **401-886-1130** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7716**
7. Brief Description of the Character of Business Conducted in Rhode Island
GRAPHIC DESIGN FIRM

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

President Name JOHN RONNIE LAMB	Vice President Name GEOFFREY SKOG
Street Address 3790 POST ROAD	Street Address 3790 POST ROAD
City WARWICK State RI Zip 02886	City WARWICK State RI Zip 02886
Secretary Name GEOFFREY SKOG	Treasurer Name JOHN RONNIE LAMB
Street Address 3790 POST ROAD	Street Address 3790 POST ROAD
City WARWICK State RI Zip 02886	City WARWICK State RI Zip 02886

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

Director Name JOHN RONNIE LAMB	Director Name GEOFFREY SKOG
Street Address 3790 POST ROAD	Street Address 3790 POST ROAD
City WARWICK State RI Zip 02886	City WARWICK State RI Zip 02886
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
4000 SHARES	COMMON	NO PAR VALUE

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
200 SHARES	COMMON	NO PAR

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

FILED

File Date: FEB 15 2000

Check No.: CC 1474

By: _____

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: John Ronnie Lamb Date: 2/7/00
JOHN RONNIE LAMB

PRESIDENT

Title of Officer



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 ID No. 100499 2. Name of Corporation GRAPHIC SOLUTIONS FOR BUSINESS, INC.
3. Street Address Principal Business Office 12 Juniper Hill Drive City Coventry State RI Zip 02816
4. Business Phone No. (401) 826-0722 5. State of Incorporation Rhode Island 6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Graphic Design firm

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

President Name John Ronnie Lamb Street Address 12 Juniper Hill Drive City Coventry State RI Zip 02816	Vice President Name John Ronnie Lamb Street Address 12 Juniper Hill Drive City Coventry State RI Zip 02816
Secretary Name John Ronnie Lamb Street Address 12 Juniper Hill Drive City Coventry State RI Zip 02816	Treasurer Name John Ronnie Lamb Street Address 12 Juniper Hill Drive City Coventry State RI Zip 02816

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

Director Name John Ronnie Lamb Street Address 12 Juniper Hill Drive City Coventry State RI Zip 02816	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	Class/Series	Par Value
Number of Shares		
4,000	No Par Value	

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
100	Common	No Par

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

File Date: FEB 25 1999
Check No.:
By: cc1010

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: John Ronnie Lamb Date: 2/3/99
Print or Type Name of Officer: John Ronnie Lamb
Title of Officer: President