



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
(401) 222-3449

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 000119969		2. Name of Corporation ADVANCED ACOUSTIC CONCEPTS INC.			
3. Street Address-Principal Business Office GUDWHITE CORPORATE PLACE			City MIDDLETOWN	State RI	Zip 02842
4. Telephone-Private No. 631-273-5700		5. State of Incorporation NEW YORK			
6. Brief Description of the Character of Business Conducted in Rhode Island SOFTWARE DEVELOPMENT, RESEARCH AND DEVELOPMENT					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Officer Name MICHAEL CARNOVALE			Officer Title Vice President Name BRIAN BOYLE - VP		
Street Address 425 OSER AVE			Street Address 425 OSER AVE		
City HAUPPAUGE	State NY	Zip 11788	City HAUPPAUGE	State NY	Zip 11788
Officer Name			Officer Title		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name SCOTT J WILLIAMS - CFO			Director Title RICH LAWLESS - VP		
Street Address 425 OSER AVE			Street Address 425 OSER AVE		
City HAUPPAUGE	State NY	Zip 11788	City HAUPPAUGE	State NY	Zip 11788
Director Name			Director Title		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES -- THIS SECTION MUST BE COMPLETED		
Number of Shares		Class Series	Par Value		
5,000,000.00		A	0.00		
5,000,000.00		B	0.00		

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CORPORATIONS DIVISION
OFFICE OF THE SECRETARY OF STATE
PROVIDENCE, RI

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date: **SEP 09 2010**
 Check No. **By DS**
 By: **T. Geoley**
 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: **Anil Ramesh** Date: **9/9/10**
 Anil RAMESH
 ACCOUNTANT
 Title