

A. Ralph Mollis, Secretary of State Corporations of State 148 W. River Street Providence, RI 02904-2615 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

| 1. Corporate ID No.<br>115833  |   | 2. Name of Corporation Applied Radar, Inc                 |  |   |  |
|--|---|---|--|---|--|
| 3. Street Address Principal Business Office<br>315 Commerce Park Rd. Unit 2  |   | North Kingstown   | State<br>Rhode Island                          | <i>Zip</i><br><b>0285</b> 2   |  |
| 4. Business Phone No. 5. State of Incorporation Rhode Island   |   |   |  |   |  |
| 5. Brief Description of the C<br>To engage in resear   | Character of Business Condu<br>rch, analysis, design, o | cied in Rhode Island<br>Development and manufactu         | ring of electronic system                      | s and software  |  |
|  | RESSES OF THE OFF                                       | ente (eveziore/ore/ore                                    |  | PACES BEFORE USING A  | TTACHMENTS                               |
| President Name Michael A. Sherry   |   |   | Vice President Name William H. Weedon          |   |  |
| Street Address   |   |   | Street Address                                 |   |  |
| 92 Bayfield Drive  |   |   | 159 Shadow Brook Drive                         |   |  |
| <sub>്ര</sub><br>Wakefield   | State<br>RI   | <sup>2ip</sup><br>02879                                   | City<br>Warwick                                | State<br>RI   | 02886                                    |
| Secretary Name<br>William H. Weedon  |   |   | Treasurer Name<br>Michael A. Sherry            |   |  |
| Street Address 159 Shadow Brook Drive  |   |   | Street Address 92 Bayfield Drive               |   |  |
| city<br>Warwick  | State<br>RI   | <sup>Zip</sup> 02886                                      | City<br>Wakefield                              | State<br>RI   | Zip<br>02879                             |
| . Names and addi   | BESSES OF THE DIRE                                      | CTORS: (EXPROX FOR AT                                     |  | SPACES BEFORE USING   | I  |
| Director Name  |   | 1 (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1                  | Director Name                                  | (TDD) 1980 (1990) (MDD) | **************************************   |
| Street Address   |   |   | Street Address                                 |   |  |
| City   | State   | Zip   | City   | State   | Zip                                      |
| Director Name  | •••••   |   | Director Name                                  |   |  |
| Street Address   |   |   | Street Address                                 |   |  |
| Zity   | State   | Zip   | City   | State   | Zip                                      |
| SHARES AUTHORI   |   |   | :<br>10 SHARES ISSUED                          | (+x+ box for Attiagin   | /<br>/////////////////////////////////// |
| and the state of t |   |   | ISSUED SHARES — THIS SECTION MUST BE COMPLETED |   |  |
| This information is currently of record in the Office of the Secretary of  |   |   | Number of Shares                               | Class/Series  | Par Value                                |
| State. Changes require an additional filing. See Section 9 of instruction sheet.   |   |   | 5263   | common  | no par value                             |
|  |   |   |  |   | y a lawan a .                            |
| This report must be ex   | secuted on behalf of the                                | e corporation by an authorize corporation by the receiver | ed representative. If the coor trustee.        | orporation is in the hands of   | of a receiver or trus                    |
|  |   |   |  |   |  |
| FILED  |   |   | Under penalty of p                             | erjury, I declare and affirm tha  | t I have examined thi                    |
|  |   |   | including one                                  | mpanying schedules and state  | monto and that all -t.                   |

Date Michael A. Sherry Print or Type Name President FOR SECRETARY OF STATE USE ONLY Title Form 630 Rev. 08/08