

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 115833	l l	2. Exact name of the Corporation  Applied Radar, Inc.			
3. Principal office address 315 Commerce Park Rd Unit 2			City North Kingstov	vn State	Zip <b>02852</b>
4. Business Phone No. 401-295-0062			5. State of Incorporation  Rhode Island		
		s conducted in Rhode Island levelopment and ma		ectronic systems an	d software
	PALVIES AND RADI	esses) ("X", Box, -OA A			
President Name Michael A Sherry			Vice-President Name William H. Weedon		
Street Address 92 Bayfield Drive			Street Address 159 Shadow Brook Drive		
City <b>Wakefield</b>	State RI	Zip <b>02879</b>	Gity <b>Warwick</b>	State RI	Zip <b>02886</b>
Secretary Name William H Weedon			Treasurer Name Michael A. Sherry		
Street Address 159 Shadow Brook	Drive		Street Address 92 Bayfield Dri	ve	
Dity <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
LIST ALL DIRECTORS Director Name	(NAMES AND ADE	RESSES) ( K BOX FOR	ATTACHMENT)		
Mector Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
Dity	State	Zip	City	State	Zip
SNARES AUTHORIZED.		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT).			
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.			NUMBER OF SHARES	CLAS\$/\$ERIE\$	PAR VALUE
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Form No. 630 Revised: 01/2012 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 Authorized Representative

Michael A Sherry

Print or Type Name of Authorized Representative