

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 2013

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

Filing Fee: \$50.00	FAILURE TO FI	LE THIS REPORT BY M	ARCH 31 WILL RES	ULT IN A \$	25.00 PEN	ALTY FEE.	
I. Entity ID No. 2. Exact name of the Corporation							
115833	Applied	Applied Radar, Inc.					
3. Principal office address 315 Commerce Park Rd. Unit 2			City North Kingstow	'n	State RI	Zip 02852	
4. Business Phone No. 401-295-0062			5. State of Incorporation Rhode Island				
		conducted in Rhode Island		-4		d a officer	
To engage in resea	rcn, analysis, c	levelopment and ma	nuracturing or elec	ctronic sy	stems an	a software	
	e gyana (1867) ragga negyerin negyana nekanada Tanggalan sanar nabatan nekanada kilin kalin kalin kalin			t in the section	All the second		
President Name Michael A Sherry			Vice-President Name William H. Weedon				
Street Address 92 Bayfield Drive			Street Address 159 Shadow Brook Drive				
City Wakefield	State RI	Zip 02879	City Warwick		State RI	Zip 02886	
Secretary Name William H Weedon			Treasurer Name Michael A Sherry				
Street Address 159 Shadow Brook	Street Address 92 Bayfield Drive						
City Warwick	State RI	Zip 02886	City State RI			Zip 02879	
		program por portunistic program program portunistic program program. Antonio in activi sinole il 1800 della 1800 della program program program program program program program program					
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City State		State	Zip	
Director Name			Director Name				
Street Address	Street Address						
Dity	State	Zip	City		State	Zip	
Correction extres			in SUACES BOUES	("X" BOX !	G); A); (A)	(MENT)	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SEF	CLASS/SERIES PAR VALUE		
			5263	cc	mmon	no par value	
See Section 9 of Instruction		•					
This report must be execut	ted on behalf of the this report mu	corporation by an authorize st be executed on behalf of	ed representative. If the co	corporation is eceiver or tru	s in the hand Istee.	s of a receiver or trustee,	

FILED
FEB 2 0 2013
PER SECRETARY OF SCHOOL SEE SELV. 1000
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