



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 142617		2. Name of Corporation SMART Interactive Systems, Inc.			
3. Street Address Principal Business Office 15-01 132nd Street			City College Point	State NY	Zip 11356
4. Business Phone No. (718) 661-6760		5. State of Incorporation DELAWARE			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN SCZEPANSKI			Vice President Name		
Street Address 15-01 132nd Street			Street Address		
City College Point	State NY	Zip 11356	City	State	Zip
Secretary Name JOHN SCZEPANSKI			Treasurer Name		
Street Address 15-01 132nd Street			Street Address		
City College Point	State NY	Zip 11356	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 JOHN SCZEPANSKI			Director Name		
Street Address 15-01 132nd Street			Street Address		
City COLLEGE POINT	State NY	Zip 11356	City	State	Zip
Director Name JACOB EVEN-ERA			Director Name		
Street Address 15-01 132nd Street			Street Address		
City COLLEGE POINT	State NY	Zip 11356	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
20,000	COMM \$.01	PAR VALUE	NONE		

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.

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 R. Sczepanski* Date: 8-30-07
 Print or Type Name: JOHN R. SCZEPANSKI
 Title: PRESIDENT

File Date: **FILED**
 Check No.: **OCT 09 2007**
 By: 9405 + 2346
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