RI SOS Filing Number: 200701456740 Date: 10/23/2007 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
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.	2. Name of Corporation			
461	ADVANCED TECHNOLOGY SERVICES CORPORATION			
3. Street Address Principal Business Office	City	State	Zip	
1995 FRENCHTOWN Rd.	EAST GREENWICH	RI	02818	
4. Business Phone No.	5. State of Incorporation			
(401) 225-0873	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
PROVIDE TECHNICAL SERVICES

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
OCTAVIO R. AUGUST	MARY-ROSE AUGUST
Street Address	Street Address
1995 FRENCHTOWN ROAD	1995 FRENCHTOWN ROAD
City / State / Zip	City / State / Zip
EA. GREENWICH / RI / 02818	EA. GREENWICH / RI / 02818
Secretary Name	Treasurer Name
MARY-ROSE AUGUST	OCTAVIO R. AUGUST
Street Address	Street Address
1995 FRENCHTOWN Rd.	1995 FRENCHTOWN Rd
City / State / Zip	City / State / Zip
EA. GREENWICH / RI / 02818	EA. GREENWICH / RI / 02818

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
OCTAVIO R. AUGUST	NONE
Street Address	Street Address
1995 FRENCHTOWN Rd.	
City / State / Zip	City / State
EA. GREENWICH / RI / 02818	
Director Name	Director Name
MARY-ROSE AUGUST	NONE
Street Address	Street Address
1995 FRENCHTOWN Rd	
City / State / Zip	City / State / Zip
EA. GREENWICH / RI / 02818	

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9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	COMMON	NO PAR

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.

[redacted]

FILED
OCT 23 2007
By 40197

File Date _____
Check No. _____
By: _____

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Octavio R. August 10-23-07
Signature *Date*

OCTAVIO R. AUGUST
Print or Type Name

PRESIDENT
Title