



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.<br><u>159409</u>   |                    | 2. Name of Corporation<br><u>MJ KING + ASSOCIATES, INC</u> |   |                    |                       |
| 3. Street Address Principal Business Office<br><u>17 Huntington Dr</u>   |                    |  | City<br><u>Providence</u>   | State<br><u>RI</u> | Zip<br><u>02916</u>   |
| 4. Business Phone No.<br><u>617 620 0674</u>   |                    | 5. State of Incorporation<br><u>RI</u>                     |   |                    |                       |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br><u>IT Consulting</u>                                |                    |  |   |                    |                       |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |                    |  |   |                    |                       |
| President Name<br><u>MARTIN J. KING</u>  |                    |  | Vice President Name   |                    |                       |
| Street Address<br><u>17 Huntington Dr</u>  |                    |  | Street Address  |                    |                       |
| City<br><u>Providence</u>  | State<br><u>RI</u> | Zip<br><u>02916</u>  | City  | State              | Zip                   |
| Secretary Name   |                    |  | Treasurer Name  |                    |                       |
| Street Address   |                    |  | Street Address  |                    |                       |
| City   | State              | Zip  | 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  |                    |  | Director Name   |                    |                       |
| Street Address   |                    |  | Street Address  |                    |                       |
| City   | State              | Zip  | City  | State              | Zip                   |
| Director Name  |                    |  | Director Name   |                    |                       |
| Street Address   |                    |  | Street Address  |                    |                       |
| City   | State              | Zip  | 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<br><u>10000</u>   | Class/Series       | Par Value<br><u>\$ 0.01</u>                                | Number of Shares<br><u>0</u>  | Class/Series       | Par Value<br><u>0</u> |
|  |                    |  |   |                    |                       |

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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.

FILED

File Date NOV 07 2007

Check No. 041605

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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 [Signature] Date 11/7/07

Print or Type Name MARTIN J. KING

Title President