

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPE								
1. ID No. 86486		Software S	nited liabilty company ystems, L.L.C.					
3. State of Formation		4. Brief descrip	otion of the character of the b	rusiness which is actually conducted	l in Rhode Island			
Rhode Island		Developme	ent of computer so	ftware systems.				
5. Principal office address				City	State	Zip		
945 Westminster Street				Providence	Rhode Isla	nd 02903		
6. MAILING ADD	RESS O	FLIMITED	LIABILITY COMPAN	YAND NAME OR TITLE	OF CONTACT PERS	ON:		
Contact Name				Contact Title				
Antonio R. Freitas				.Managing Member	.Managing Member			
Street Address				City	State	Zip		
945 Westminster Street				.Providence	RI	02903		
7. NAME AND ADD	RESS	OF EACH N	IANAGER OF THE L	MITED LIABILITY COM	PANY IF APPLICAR			
				ATTACHMENTS ("X" BOX I				
	ANY MO	DIFICATIONS	TO MANAGERS REQUIR	RES FILING OF AMENDMENT, I	R.I.G.L 7-16-12 (a) (2) / 7-	16-52		
Manager Name				• Manager Name	•Manager Name			
Antonio R. Fre	eitas			:				
Street Address				• Street Address	• Street Address			
945 Westminste	er Str	eet		•				
City	·	State	Zip	*City	State	Zip		
Providence		RI	02903	:		ľ		
Manager Name			• • • • • • • • • • • • • • • • • • • •	Manager Name			• • • •	
Street Address				Street Address				
				•				
City		State	Zip	City	State	Zip		
				:				
	T IN RE	IODE ISLAN	D-DO NOT ALTER- Cha	inges require filling of F	orm 642 - R.I.GL. 7-16	ii		
Agent Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	>> . > . > . 9 . 9 . 9 . 9 » 9 » 9 » 9 » 9 » 9 » 9	Address			111111111111111111111111111111111111111	
Daniel J. Archetto								
Address				City	City Zip			
155 South Main Street				Providence	02	02903		
		•						

This report must be signed in ink by an authorized person pursuant to 7-16-66.



File Date FILED

Check No.

OCT 19 2007

By:

FOR SACRETARY 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 of Authorized Person

uthorized Person Date

Antonio R. Freitas

Print or Type Name of Authorized Person