

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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))					production by	
1. Corporate ID No. 2. Name of Corporation Firm Solutions Inc.						
121 MIRICK			City C RANSTON	State RI	0292 <i>0</i>	
4. Business Phone No. 4. Ol-943-2344 5. State of Incorporation Rhode			T-1.4.10			
6. Brief Description of the Character of Business Conducted in Rhode Island			Island			
			DISE DEAL WITH	· computer	Software	
7. NAMES AND ADDRESSES	OF THE OFFICERS	: ("X" BOX FOR ATT	ACHMENT) [] FILL IN SPAC	ES BEFORE USING AT	TACHMENTS	
President Name	_		Vice President Name	Vice President Name		
Luici C DiRolA			Luigi G. DiPAOLA			
Street Address 121 Mirick AVE			Street Address 121 MIRICIC AVENUE			
***************************	State RT	^{Zψ} σ Z 9 Z O	CRANSTON	State RI	12920	
Secretary Name Luici G. DiPaol4			Treusurer Name Luisi G. DiPAOlA			
Street Address			Street Address			
121 MIRICIC AVE		121 MIRICK AVE				
CRANSTON	State RI	0292c	CRANSTON	State RI	d2920	
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR AT	TACHMENT) 📋 FILL IN SPA	CES BEFORE USING A	TTACHMENTS	
Director Name Luigi G. Di ProlA			Director Name			
Street Address 121 MITICK AVE			Street Address			
CRAWSTON	State RI	02920	City	State	Zip	
Director Name		.1	Director Name			
Company Marine						
Street Address			Street Address			
City	State	Zip	СЦу	State	Ζip	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) SSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
5,000 NoPar Value			300	Common	No PAR	
					1101/11	
				<u> </u>		
This report must be executed	on behalf of the corp	oration by an authoriz	ed representative. If the corpor	ation is in the hands of	a receiver or trustee,	
this report must be executed of	on behair of the corpo	oration by the receiver	or trustee.			
			TT 1			
			including any accompany	I declare and affirm that I	I have examined this report,	
FILED including any accompanying schedules and statements, and that all contained herein are true and correct.						
File Date			Triai St	DiPosta	1-1-08	
Check No. JAN 03 2008			Signature		Date	
			Luisi G. DiPAOLA			
By: By			Print or Type Name			
FOR SECRETARY OF STATE USE ONLY			President			
		i	Title			