



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3046

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)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <u>127958</u>		2. Name of Corporation <u>Ledge Light Technologies, Inc.</u>		
3. Street Address Principal Business Office <u>880 Howard Street</u>		City <u>New London</u>	State <u>CT</u>	Zip <u>06320</u>
4. Business Phone No. <u>860-444-0138</u>		5. State of Incorporation <u>Connecticut</u>		
6. Brief Description of the Character of Business Conducted in Rhode Island <u>Custom Software Development/Computer Programming/consulting</u>				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <u>Olorunfemi O. Bajomo</u>		Vice President Name		
Street Address <u>95 Glenwood Avenue</u>		Street Address		
City <u>New London</u>	State <u>CT</u>	Zip <u>06320</u>	City	State
Secretary Name <u>Olorunfemi O. Bajomo</u>		Treasurer Name		
Street Address <u>95 Glenwood Avenue</u>		Street Address		
City <u>New London</u>	State <u>CT</u>	Zip <u>06320</u>	City	State
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
<u>20,000</u>	<u>Comm</u>	<u>No Par Value</u>	<u>700</u>	<u>Comm</u>
				<u>No Par</u>

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	<u>JAN 25 2008</u>
Check No.	<u>By</u>
By:	<u>DS2520</u>
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 1/18/08
Print or Type Name OLORUNFEMI O BAJOMO
Title PRESIDENT