



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  
401.222.3040

**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. <b>93831</b>		2. Name of Corporation <b>ASSOCIATION ADMINISTRATORS, INC.</b>			
3. Street Address Principal Business Office <b>180 EAST MAIN STREET #203</b>			City <b>SMITHTOWN</b>	State <b>NY</b>	Zip <b>11787</b>
4. Business Phone No. <b>631-724-9600</b>		5. State of Incorporation <b>DELAWARE</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>TELECOMMUNICATION SERVICES</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Kevin Klepper</b>			Vice President Name <b>Jean Doina</b>		
Street Address <b>180 East Main Street, Ste 203</b>			Street Address <b>180 East Main Street, Ste 203</b>		
City <b>Smithtown</b>	State <b>NY</b>	Zip <b>11787</b>	City <b>Smithtown</b>	State <b>NY</b>	Zip <b>11787</b>
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 <b>Kevin Klepper</b>			Director Name <b>Jean Doina</b>		
Street Address <b>180 East Main St, Ste 203</b>			Street Address <b>180 East Main St, Ste 203</b>		
City <b>Smithtown</b>	State <b>NY</b>	Zip <b>11787</b>	City <b>Smithtown</b>	State <b>NY</b>	Zip <b>11787</b>
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 checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,500</b>	<b>NO PAR VALUE</b>		<b>100</b>	<b>Common</b>	<b>3.33</b>

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: **MAR 13 2008**

Check No: **052580**

By: **333**

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:

Date: **3/10/08**

**KEVIN KLEPPER**

Print or Type Name

**PRESIDENT**

Title