



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

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