RI SOS Filing Number: 200809666320 Date: 03/06/2008 4:00 PM

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 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. | 2. Name of Corporation | | | |
|---|---|---|---|---|
| 000061647 | Computer Educational Services, INc. | | | |
| 3. Street Address Principal Business Office | | City | State | Zip |
| PO Box 28562 | | Providence | RI | 02903 |
| 4. Business Phone No. | 5. State of Incorporation | | | |
| 401-865-2345 | Rhode Island | | | |

6. Brief Description of the Character of Business Conducted in Rhode Island
Computer Consulting

**7. NAMES AND ADDRESSES OF THE OFFICERS:** ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| President Name | | | Vice President Name | | |
|---|---|---|---|---|---|
| David M. Mooney | | | | | |
| Street Address | | | Street Address | | |
| 12 Almond St. | | | | | |
| City | State | Zip | City | State | Zip |
| Lincoln | RI | 02865 | | | |
| Secretary Name | | | Treasurer Name | | |
| | | | David M. Mooney | | |
| Street Address | | | Street Address | | |
| | | | Same as above | | |
| City | State | Zip | City | State | Zip |

**8. NAMES AND ADDRESSES OF THE DIRECTORS:** ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| Director Name | | | Director Name | | |
|---|---|---|---|---|---|
| David M. Mooney | | | | | |
| Street Address | | | Street Address | | |
| Same as above | | | | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

**9. SHARES AUTHORIZED** ***("X" BOX FOR ATTACHMENT)*** ☐ **10. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

| AUTHORIZED SHARES | | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
|---|---|---|---|---|---|
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 5,000 COMM NO PAR VALUE | | | 5000 | Common | No Par |
| | | | | | |

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.

[redacted] [redacted]

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.

David M. Mooney 3/1/08
*Signature* *Date*

DAVID M. Mooney
*Print or Type Name*

PRESIDENT
*Title*

[redacted]

*File Date* FILED
*Check No.* MAR 06 2008
*By:* By 7958 KM
21497-13-244925
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Form 630 Rev. 12/06