



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. 154552		2. Name of Corporation Noble Information Technologies, Incorporated			
3. Street Address: Principal Business Office 3911 Diamond Hill Road			City Cumberland	State RI	Zip 02864
4. Business Phone No. 401-274-5433		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Provide computer software and hardware development services.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stuart W. Robinson			Vice President Name None.		
Street Address 3911 Diamond Hill Road			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Stuart W. Robinson			Treasurer Name Stuart W. Robinson		
Street Address 3911 Diamond Hill Road			Street Address 3911 Diamond Hill Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Stuart W. Robinson			Director Name		
Street Address 3911 Diamond Hill Road			Street Address		
City Cumberland	State RI	Zip 02864	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
1,000		\$0.01	10		\$0.01

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.

File Date: **FILED**
Check No. **MAR 14 2008**
By: **121**
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: **Stuart W. Robinson** Date: **2/28/08**
Print or Type Name: **Stuart W. Robinson**
Title: **President**