

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 2009 Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

1. Corporate ID No.		2. Name of Corporation				
25403		JORDAN, APOSTAL, RITTER ASSOCIATES, INC.				
3. Street Address Principal Business Office 35 Belver Avenue			City North Kingstown	State RI	<i>Zip</i> 02852	
4. Business Phone No. 5. State of Incorporation 401-884-3014 RHODE ISLAND						
6. Brief Description of the Cha TO OPERATE A R&D TRAINING SUPPORT 7. NAMES AND ADDRI President Name Michael C. Apostal	FIRM SPECIALIZI	ncted in Rhode Island NG IN CREATING AND DISTRICENS. OF TRANSFER BOX FOR ATTA	TRIBUTING NUMERICAL A ICHMENT) THE FILL IN SPA Vice President Name Charles J. Ritter	ANALYSIS SOFTWA	RE, INCLUDING ATTACHMENTS	
Street Address 52 Crosswynd Drive			Street Address 204 Intrepid Lane			
_{Сиу} Saunderstown	State RI	^{Zip} 02874	City Jamestown	State RI	<i>Zψ</i> 02835	
Secretary Name Charles J. Ritter			Treasurer Name Michael C. Apostal			
Street Address 204 Intrepid Lane			Street Address 52 Crosswynd Drive			
<i>்ப்</i> Jamestown	State RI	^{Zip} 02835	City Saunderstown	State RI	^{Zip} 02835	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name Michael C. Apostal Street Address			TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Charles J. Ritter Street Address			
52 Crosswynd Drive			204 Intrepid Lane			
City	State	Zip	City	State	Zip	
Saunderstown Director Name	J.RI	02874	Jamestown Director Name	RI	02835	
Street Address			Street Address			
City	State	Zip	: : СИ _Р	State	Ζip	
, SHARES AUTHORIZI	D. Strategier And Land		: 10. SHARES ISSUED (" ISSUED SHARES — THIS SECTION			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			300	Common	No Par	
This report must be even	uted on behalf of the	ne corporation by an authorize	d representative If the		6	
his report must be execu	nted on behalf of th	e corporation by the receiver of	or trustee.	oration is in the hand	s of a receiver or trus	

File Date Check No. By FOR SECRETARY OF STATE USE ONLY

1/15/09

Signature

Date

Michael C. Apostal

Print or Type Name

President