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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of Stat
Corporations Divisio
148 W. River Stre
Providence, RI 02904-261
(401.222.301

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.**

** 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
61634	Ruffware, Inc.

3. Street Address Principal Business Office	City	State	Zip
191 Social Street Suite 750	Woonsocket	Rhode Island	02895

4. Business Phone No.	5. State of Incorporation
401-769-5082	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
E.D.I. Services and Data Processing

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

President Name			Vice President Name		
David D. Ruff					
Street Address			**Street Address**		
1 Lincoln Drive					
City	**State**	**Zip**	**City**	**State**	**Zip**
North Smithfield	Rhode Island	02896			
Secretary Name			**Treasurer Name**		
David D. Ruff			David D. Ruff		
Street Address			**Street Address**		
1 Lincoln Drive			1 Lincoln Drive		
City	**State**	**Zip**	**City**	**State**	**Zip**
North Smithfield	Rhode Island	02896	North Smithfield	Rhode Island	02896

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

Director Name			Director Name		
Street Address			**Street Address**		
City	**State**	**Zip**	**City**	**State**	**Zip**
Director Name			**Director Name**		
Street Address			**Street Address**		
City	**State**	**Zip**	**City**	**State**	**Zip**

9. SHARES AUTHORIZED

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
None		

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 repor including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

Signature — *Date* 2/2/2009

David D. Ruff
Print or Type Name

[redacted] President
Title

File Date FILED

Check No. FEB 3 2009

By: By 3965

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