

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.

* 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(ce'd)) is

subject to a penalty fee of \$25.00.															
1. Corporate ID No. 148107	2. Name of Corporation Professional Ser	vices Corporation, P	.C.												
3. Street Address Principal Business (Ten Lincoln Road, Suite			City Foxboro	oro State Zip 02035											
4. Business Phone No. 508-543-4243		5. State of Incorporation Massachusetts													
6. Brief Description of the Character Engineering services.	of Business Conducted in R	hode Island	,												
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) 🗍 FILL IN SPAC	CES BEFORE USING A	TTACHMENTS										
President Name		ron a n ational and a constant and a	Vice President Name												
Thomas C. Houston			None												
Street Address Ten Lincoln Road, Suite	201A		Street Address												
City Foxboro	State MA	^{Zip} 02035	СИУ	State	Zip										
Secretary Name Thomas C. Houston			Treasurer Name Thomas C. Houston												
Street Address Ten Lincoln Road, Suite	201A		Street Address Ten Lincoln Road, Suite 201A												
City	State	Zip	City	(Z)											
Foxboro	MA	02035	Foxboro	^{Ζ‡} 02035											
8. NAMES AND ADDRESSES	OF THE DIRECTOR	SE CEXT BOX FOR ATT	ACHMENT) [□ FILL IN SP	ACES BEFORE USING	ATTACHMENTS										
Director Name			: Director Name												
Thomas C. Houston			2												
Street Address			Street Address												
Ten Lincoln Road, Suite	201A				7 323										
Спу	State	Zip	City	State	Zh2 0575										
Foxboro	MA	02035			2 7										
Director Name	*************************	***************************************	Director Name		P 10										
Street Address			Street Address		5 0 1 N										
City	State	Zip	City	State	21p 23 M										
9. SHARES AUTHORIZED			10. SHARES ISSUED (**) ISSUED SHARES — THIS SECTIO	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
CD1.11		5.1 6 4	Number of Shares	Class/Series	Par Value										
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Under penalty of perjury, I declare and af including any accompanying schedules a	•
contained herein are true and correct	
thank ho	2/09/2009
Menature	Date
Thomas C. Houston	
Print or Type Name	
President	
Title	Form 630 Rev. 08/08