

State. Changes require an additional filing. See Section 9 of

instruction sheet.

A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

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Form 630 Rev. 08/08

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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(&d)) is subject to a penalty fee of \$25.00. 1. Corporate ID No. 2. Name of Corporation 145 410 ADVANTECH BUSINESS 3. Street Address Principal Business Office State RD. #114-175 POST 5600 RI 02818 1 Business Phone No. 5. State of Incorporation 401-709-5279 RMODE 6. Brief Description of the Character of Business Conducted in Rhode Island CONDUCT MANAGEMENT CONSULTING AND PROFESSIONAL BUSINESS SERVICES 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS President Name : Vice President Name THURBER Street Addres Street Address State etary Name Sc071 THURBER Street Address 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS Director Name 50<u>07</u>/ NOW Street Address State Director Name Street Address Street Address CHyCity State Zip9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) PAR VALUE ISSUED SHARES — THIS SECTION MUST BE COMPLETED This information is currently of record in the Office of the Secretary of Number of Shares Class/Series Par Value

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.

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2 2/ 10	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 berein are true and correct.
File Date	/ + 10 th N. hurber 2/23/09
ck No	Signature Date Date
By:MMC	Print or Type Name
FOR SECRETARY OF STATE USE ONLY	TILLE