

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River St., Providence, RI 02904-2615 401.222.3040

"# # # * "		_ 2000
PROFIT CORPORATI	ION ANNUAL REPORT	FOR THE YEAR 2009

1. Corporate ID No.	2. Name of Cor		within thirty (30) days after the time prescribed	ey tur (n.t. t.t., 1-1.2-1301(cocu)) is	ompar to a periors jee of \$45,00.
106124 3. Street Address Principal Busine		e Systems Group, Eta.	City	State	Zip
3. Street Address Frincipal Busine 324 B COUNTY ROAD	ess Office		BARRINGTON	RI	02806-
4. Business Phone No.		5. State of Incorpora	and the second s	and the second s	· · · · · · · · · · · · · · · · · · ·
4012455545		RHODE ISLA			
6. Brief Description of the Charac	cter of Business ( SALES OF C	Conducted in Rhode Island OMPUTER SOFTWARE A	ND RELATED SERVICES.		
7. NAMES AND ADDRESS President Name	ES OF THE O	FFICERS ("X" BOX FOR	ATTACHMENT) THELL IN SP. Vice President Name	ACES BEFORE USING AT	TACHMENTS
Robert A. Casale			Robert A. Casal	.e	
Street Address		ACTION OF THE PARTY OF THE PART	Street Address	***************************************	
66 Whipple Avenue			66 Whipple Aver	iue	
City	State	Zip	City	State	Zip
Barrington	RI	02806	Barrington	RI	02806
Secretary Name			Treasurer Name		
Robert A. Casale		the harmonic of the area and the contract of t	Street Address		Commence of the contract of th
Street Address 66 Whipple Avenue			Mreet Address		
City	State	Zip	City	State	Zip
Barrington	RI	02806	vada degi kali kalika kali	tennshindi jäärin ja	
8. NAMES AND ADDRESS Director Name	SES (OF BHE L	DIRECTORS (#X** BOX F	ORATTACHMENT)   FILL IN Director Name	SPACES BEFORE USING	
Street Address			Street Address	THE THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR AND ADDRESS OF THE CONTRACTOR ADDRESS OF THE CO	25
City	State	Zip	City	State	<b>27</b>
Director Name	f	Commission of South Commission	Director Name	and the second of the second o	TANDON TO STATE OF THE PROPERTY OF THE PROPERT
Street Address			Street Address		· · · · · · · · · · · · · · · · · · ·
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZE	D C'X" BOX FO	RATTACHMENT) 🔲	10. SHARES ISSUED ("X	BOX FOR ATTACHMEN	j Osali sa ka
AUTHORIZED SHARES			ISSUED SHARES	ANY AND AND ASSESSMENT OF A STATE	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE		50	common	without par	
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This report must be executed on behalf of th	he corporation by an a	uthorized representative. If the corpora	tion 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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			Under penalty of pe	rjury, I declare and affirm	that I have examined

File Date	2-25-09
Check No.	3483
Ву:	mno
FOR SECR	ETARY 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.
Hout 1/2/09
Signature Date  Kobert A. Oxole
Print or Type Name
Robert A. Casale