



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

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

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

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

| | |
|---------------------|--|
| 1. ID No. 137772 | 2. Exact name of the limited liability company ND DATA GROUP OF RI, LLC |
|---------------------|--|

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|-----------------------------|---|
| 3. State of Formation RI | 4. Brief description of the character of the business which is actually conducted in Rhode Island IT CONSULTING AND STAFFING |
|-----------------------------|---|

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|--|--------------------|-------------|--------------|
| 5. Principal office address 3A INDUSTRIAL DRIVE | City SMITHFIELD | State RI | Zip 02917 |
|--|--------------------|-------------|--------------|

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|--|-------------------------|
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | |
| Contact Name RICK FURLANO | Contact Title MEMBER |

| | | | |
|--|----------------------|-------------|--------------|
| Street Address 1459 STUART ENGALS BLVD, STE 303 | City MT. PLEASANT | State SC | Zip 29464 |
|--|----------------------|-------------|--------------|

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - **DO NOT LIST MEMBERS**
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)

| | |
|------------------------------|--------------|
| Manager Name TOM ANDERSON | Manager Name |
|------------------------------|--------------|

| | |
|---------------------------------------|----------------|
| Street Address 3A INDUSTRIAL DRIVE | Street Address |
|---------------------------------------|----------------|

| | | | | | |
|--------------------|-------------|--------------|------|-------|-----|
| City SMITHFIELD | State RI | Zip 02917 | City | State | Zip |
|--------------------|-------------|--------------|------|-------|-----|

| | |
|--------------|--------------|
| Manager Name | Manager Name |
|--------------|--------------|

| | |
|----------------|----------------|
| Street Address | Street Address |
|----------------|----------------|

| | | | | | |
|------|-------|-----|------|-------|-----|
| City | State | Zip | City | State | Zip |
|------|-------|-----|------|-------|-----|

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

FILED

JUL 08 2009

By *[Signature]*
29-94111

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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SECRETARY OF STATE
CORPORATIONS DIV
2009 JUL - 8 AM 10: 22

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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.

[Signature] 7/19/09
Signature of Authorized Person Date

RICK FURLANO
Print or Type Name of Authorized Person

| |
|---------------------------------|
| File Date _____ |
| Check No. _____ |
| By: _____ |
| FOR SECRETARY OF STATE USE ONLY |