



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
401.222.3046

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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
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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
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Street Address 3A INDUSTRIAL DRIVE	Street Address
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City SMITHFIELD	State RI	Zip 02917	City	State	Zip
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Manager Name	Manager Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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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).

RECEIVED
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 statement contained herein are true and correct.

[Signature]
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