RI SOS Filing Number: 200948953680 Date: 08/17/2009 4:00 PM

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 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.	2. Exact name of the limited liability company		
138940	Rescue Computer Network Services Rhode Island LLC		
3. State of Formation: Rhode Island	4. Brief description of the character of the business which is actually conducted in Rhode Island: Computer network service and sales		
5. Principal office address: 3460 Mendon Road, Unit 2	City: Cumberland	State: RI	Zip: 02864

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Charles Kennelly	Member, COO		
Street Address: 3460 Mendon Road, Unit 2	City: Cumberland	State: RI	Zip: 02864

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	Manager Name
Street Address	Street Address
City / State / Zip	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

RECEIVED
2009 AUG 17 AM 11:03
RI SECRETARY OF STATE
CORPORATIONS DIV

FILED
AUG 17 2009
By 29-9672

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

138940

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.

MANAGING MEMBER 7-29-2009
Signature of Authorized Person *Date*

William J Riley Managing Member
Print or Type Name of Authorized Person

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

36780-0404014

Form 632 Rev. 08/08