



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 485769		2. Name of Corporation LIPARI NETWORKS, INC.			
3. Street Address Principal Business Office c/o Nicholas Belesimo, ONE WILLOW GLEN CIRCLE # 115			City WARWICK	State RI	Zip 02889
4. Business Phone No. (631) 807-7736		5. State of Incorporation NEW YORK			
6. Brief Description of the Character of Business Conducted in Rhode Island COMPUTER CONSULTING SERVICES.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name NICHOLAS BELESIMO			Vice President Name NICHOLAS BELESIMO		
Street Address ONE WILLOW GLEN CIRCLE # 115			Street Address ONE WILLOW GLEN CIRCLE # 115		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Secretary Name NICHOLAS BELESIMO			Treasurer Name NICHOLAS BELESIMO		
Street Address ONE WILLOW GLEN CIRCLE # 115			Street Address ONE WILLOW GLEN CIRCLE # 115		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares 0	Class/Series COMMON	Par Value NO PAR

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.

File Date	FILED
Check No.	OCT 01 2009
By:	112
By: _____ FOR SECRETARY 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.

Signature: _____ Date: 9/9/09
NICHOLAS BELESIMO
Print or Type Name
PRESIDENT
Title