

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 2009

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.

7. #2 No. 86486		ct name of the timited liability company Software Systems, L.L.C.				
3. State of Formation Rhode Island 4. Brief description of the character of the bush Development of computer softwar			iness which is actually conducted in Rhode Island are systems.			
5. Principal office address 945 Westminster Street			Providence	State RI	Ζφ 02903	
Antonio R. Frei		BILITY COMPANY AND	O NAME OR TITLE OF CONTAC Contact Title Managing Member	T PERSON:	102000	
945 Westminster Street			cin Providence	State RI	2ip 09203	
7. NAME AND AI	DDRESS OF EACH MAN FILL IN	AGER OF THE LIMITEI SPACES BEFORE USIN	D LIABILITY COMPANY, IF AP NG ATTACHMENTS ("X" BOX I	PLICABLE - <u>DO NOT</u> FOR ATTACHMENT) T	I I LIST MEMBERS	
Manager Name Antonio R. Freitas			Manager Name			
Street Address 945 Westminster Street			Street Address			
Citi	State	Zip	City	State	Zip	
Providence	RI	02903			Z.ip	
Manager Name			Manager Name			
Mreet liktives			Street Address			
Citi	State	Zip	City	State	Zip	
	ENT IN RHODE ISLAND currently of record in the		f State. Changes require filing of	Form 642 - R LG L. 7-1		

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

86486

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 of Authorized Person

Antonio R. Freitas

Print or Type Name of Authorized Person