

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 2/6

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(ec/rd)) is

subject to a penalty fee of \$25.00.				· · · · · · · · · · · · · · · · · · ·	
1. Corporate ID No. 118460	2. Name of Corporation	"ip Solution	S. Inc.		7A
3. Street Address Principal Busine	ss Office Pund Rus	1	West Greamich	State LT	07817
4. Business Phone No. 401 39 7	2439	5. State of Incorporation	T stand		
6. Brief Description of the Character	· / / /	A 2			
			CHMENT) FILL IN SPA	ACES BEFORE USING AT	TACHMENTS
President Name Jeffrey Dallas			Vice President Name PG VI Provik		
Street Address 125 Fry Poril Road			go Sheffield Hill Road		
West Greenwich	State KI	^{Zip} 02717	city Exeter	State RI	62822
Jeffrey Dolles			Paul Prodx		
street Address 1 125 Fry Pond Road			90 Sheffield Hill Road		
West Greenwich	State R.I.	Zip OJY(1)	cuy Exeter	State RI	01811
8. NAMES AND ADDRESS Director Name	ES OF THE DIRECTO	RS: ("X" BOX FOR ATT	TACHMENT) TILL IN S Director Name	PACES BEFORE USING A	ATTACHMENTS \
Street Address			Street Address		
City	State	Zip	Сйу	State	Zip
Director Name	······································		Director Name		
Street Address			Street Address		
Сйу	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			: 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			100	Common	NO PAR
This raport must be sween	ad on behalf of the	reporation by an australia	nd concentration If the	norotion is in the least	f a magistra and
this report must be execute			ed representative. If the cor or trustee.	poration is in the nands o	i a receiver or trustee,
					_
				jury, I declare and affirm that	
		7	including any accom- contained herein are	panying schedules and stater true and correct.	nents, and that all statement
File Date	-2010		Pent Ru	_l4	1/1/09
Check No. 16	32		Signature Do	D- 1	Date
By:	mci		Print or Type Name	TICUIX	
FOR SECRETARY OF	STATE USE ONLY		Title Pr	rsidest	
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