

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 2010

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(cc/d)) is the standard for the standard subject to a penalty fee of \$25.00.

1. Corporate ID No. 150569	2. Name of Corporation Gnosys Systems, Inc				
3. Street Address Principal Business Office 198 Broadway			City Providence	State RI	^{Zip} 02903
4. Business Phone No. 401 632-0280 5. State of Incorporation RI					
6. Brief Description of the Character Software Research and Des	velopment				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Dimitri Panagos			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Dimitri Panagos		
Street Address 198 Broadway			Street Address 198 Broadway		
City Providence	State RI	^{Zψ} 02903	City Providence	State RI	^{Zip} 02903
Secretary Name			Treasurer Name		***************************************
Street Address			Street Address		
City	State	Zip	City	State	Zip
3. NAMES AND ADDRESSES Director Name	OF THE DIRECTORS	: ("X" BOX FOR AT	TACHMENT) FILL H	 N SPACES BEFORE USIN	! IG ATTACHMENTS
itreet Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
Tity	State	Zip	СИу	State	Zip
. 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 State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			100	Common	No Par
his report must be executed on this report must be executed or	on behalf of the corpo	ration by an authorize	d representative. If the c	Ornoration is in the bond	
nis report must be executed or	behalf of the corpor	ation by the receiver o	ur trustee. Under penalty of p	erjury, I declare and affirm t mpanying schedules and sta	hat I have examined this reportements, and that all statement
The Date FEB 01 20 Check No. 3v 38)	10		Signature DIM Print or Type Name	17RI PAI	VAGUS
FOR SECRETARY OF STATE	E USE ONLY		Title	RESIDEN	T