RISOS Filing Number: 201058218890 Date: 02/09/2010 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of
Corporations D
148 W. River
Providence, RI 02903
401-222

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

1. Corporate ID No.	2. Name of Corporation			
147618	Client Connection, Inc.			
3. Street Address Principal Business Office		City	State	Zip
40 Web Ave. Unit 219		N. Kingstown	RI	02852
4. Business Phone No.	5. State of Incorporation			
(401) 454-2700	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island

To operate a business service company, or for any other lawful purpose.

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Karen Collier	40 Web Ave. Unit 219	N. Kingstown	RI	02852

Vice President Name	Street Address	City	State	Zip
Karen Collier	40 Web Ave. Unit 219	N. Kingstown	RI	02852

Secretary Name	Street Address	City	State	Zip
Karen Collier	40 Web Ave Unit 219	N. Kingstown	RI	02852

Treasurer Name	Street Address	City	State	Zip
Karen Collier	40 Web Ave Unit 219	N. Kingstown	RI	02852

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Karen Collier	40 Web Ave Unit 219	N. Kingstown	RI	02852

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1000	common	no par

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	common	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.

[redacted]

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.

X Karen A. Collier 1-12-10
Signature *Date*

Karen Collier
Print or Type Name

Title

[redacted]

File Date **FILED**
Check No.
FEB 09 2010
By:
By 2193
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44953-34-481315

Form 630 Rev. 12/06