

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

401.222.30

Filling Period: January 1 - March 1 • Filling 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(e*d)) is

subject to a penalty fee of \$25.00.			, , , , , ,	y y y y y y z	24.0 (R.1.G.L. 7-1.2-1)(11(cora)) is	
1. Corporate ID No. 151860	2. Name of Cor Foresight	2. Name of Corporation Foresight Science & Technology Incorporated				
3. Street Address Principal Business Office 430 Angell Street			City Providence	State RI	^{Zip} 02906	
4. Business Phone No. 5. State of Incorporation 401-273-4844 Rhode Island		<u> </u>	<u> </u>	102000		
6. Brief Description of the Characte Marketing Consulting Ser	er of Business Condu VICES	icied in Rhode Island				
7. NAMES AND ADDRESSI	ES OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT) [] FILL IN	SPACES BEFORE USIN	G ATTACUMENTS	
President Name			Vice President Name	JAN DEL VILL COM	G ATTACHMENTS	
Phyllis Speser (also a Director)			None			
Street Address 430 Angell Street			Street Address			
City Providence	State RI	^{Zip} 02906	City	State	Zip	
Secretary Name Theodora Speser (also a Director)			Treasurer Name Theodora Speser			
Street Address 1 Wayland Avenue, Unit 310 S			Street Address 1 Wayland Avenue, Unit 310 S			
Providence	State RI	^{24p} 02906	City Providence	State RI	^{Zip} 02906	
8. NAMES AND ADDRESSE	S OF THE DIRI	ECTORS: ("X" BOX FOR AT	<i>TACHMENT)</i> 🔲 FILL 1	N SPACES BEFORE USI	NG ATTACHMENTS	
David Speser (also Chairman)			Director Name E. Wayne Turmblom			
Street Address			Street Address			
1 Wayland Avenue, Unit 310 S			44 Morningside Dr.			
City	State	Zip	Cuy	State	Zip	
Providence	RI	02906	: Spencerport	NY	14559	
Director Name Don Marione			Director Name	**************************************		
Street Address 53 Terrace Drive			Street Address			
Port Townsend	State WA	^{Zip} 98368	СИУ	State	Zip	
9. SHARES AUTHORIZED		-	10. SHARES ISSUED	("X" BOX FOR ATTAC	CHMENT) []	
75,000,000 1	NO PAR	VALUE		CTION MUST BE COMPLETE		
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	n/a	0	
This report must be executed this report must be executed	d on behalf of the	e corporation by an authorize corporation by the receiver	ed representative. If the contrastee	orporation is in the han	ds of a receiver or trustee,	
		The second of the receiver	or dustee.			
			Under penalty of p	erjury, I declare and affirm	that I have examined this report,	
			including any acco	ompanying schedules and si	tatements, and that all statements	
File Date 2-18	-2011	2 I	Contained herein	re trate and correct.	- ()	
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Check No	493		Signature /	\vee /	Date	
mme			Phyllis Speser Print or Type Name			
By: CHOPPETANY OF CITATIVES AND ADDRESS OF CIT			CEO, President & Founder			
FOR SECRETARY OF STATE USE ONLY			Title			