

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

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(c), 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(codd)) is

subject to a penalty fee of \$25.	.00.	· · · · · · · · · · · · · · · · · · ·	and report within thirty (50), any age	er im inne pristrivea og un	W (R.I.G.L. /-1.2-1501(tou)) IS	
1. Corporate ID No. 504848		2. Name of Corporation ATTAIN TECHNOLOGY, INC.				
3 Street Address Principal Business Office 6 SAGAMORE ROAD			SAGAMORE BEACH	State MA	∠φ 02562	
4. Business Phone No.  5. State of Incorporation MASSACHUSETT			'S			
6. Brief Description of the Cha NETWORK MANAGE						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAPRESIDENT PARADISE  ROBERT PARADISE			CHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  JOHN M. ADAMS			
Street Address 60 KENNEY DRIVE			Street Address 60 KENNEY DRIVE			
CRANSTON	State RI	<sup>Zip</sup> 02920	City CRANSTON	State RI	<sup>Zip</sup> 02920	
Secretary Name JOHN M. ADAMS			Treasurer Name JOHN M. ADAMS			
Street Address 60 KENNEY DRIVE			Street Address 60 KENNEY DRIVE			
CRANSTON	State RI	<sup>Zip</sup> 02920	CRANSTON	State RI	<i>Ζψ</i> <b>02920</b>	
8. NAMES AND ADDRI Director Name JOHN M. ADAMS	ESSES OF THE DIR	ECTORS: ("X" BOX FOR ATT	ACHMENT) TILL IN SPA	ACES BEFORE USING	G ATTACHMENTS	
Street Address 60 KENNEY DRIVE			Street Address			
City CRANSTON	State RI	<sup>2ip</sup> 02920	City	State	Zip	
Director Name	**********************	***************************************	Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZ	ED	Į	10. SHARES ISSUED ("X		HMENT)	
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	
This report must be executive this report must be executive.	cuted on behalf of t	he corporation by an authorize e corporation by the receiver	d representative. If the corpor trustee.	ration is in the hands	s of a receiver or trustee,	

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date 3-9-2010	contained herein are true and correct.
Check No	Signature Date  JOHN M. ADAMS
By:	Print or Type Name SECRETARY
FOR SECRETARY OF STATE USE ONLY	Title