

FOR SECRETARY OF STATE USE ONLY

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 Filling Period: January 1 - March 1 • Filling Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

subject to a penalty fee of \$25.00. 1. Corporate ID No.	2. Name of Corpo	ration			
58769	Garwaine C	omputer Sevices, Inc.			
3. Street Address Principal Business Office 2 Garwaine Street		City Lincoln	State RI	^{Zip} 02865	
# Business Phone No. 5 State of Incorporation Rhode Island					
6. Brief Description of the Character DATA PROCESSING, CON	of Business Conducte SULTING, AND	ed in Rhode Island D PERSONAL SERVICES			
7. NAMES AND ADDRESSES	OF THE OFFIC	ERS: ("X" BOX FOR ATTA	CHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
Albert A. Mazzone			Vice President Name Albert A. Mazzone		
City Lincoln	State RI	^{Zip} 02865	City Lincoln	State RI	^{Ζip} 02865
Secretary Name Albert A. Mazzone			Treasurer Name Albert A. Mazzone		
Street Address 2 Garwaine Street			Street Address 2 Garwaine Street		
^{City} Lincoln	State RI	^{Zip} 02865	City Lincoln	State RI	^{Zip} 02865
8. NAMES AND ADDRESSES	OF THE DIREC	TORS: ("X" BOX FOR ATI	ACHMENT) [FILL I	N SPACES BEFORE USING	
Director Name			Director Name	,	
Albert A. Mazzone					
Street Address			Street Address		
2 Garwaine Street	Ţ				
City	State	Zip	City	State	Zip
Lincoln	RI	02865			
Director Name			Director Name		
Street Address			Secretal to		
Sirvet Address			Street Address		
City	State	Zip	: : City	State	Zip
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). SHARES AUTHORIZED	1	1	: 10. SHARES ISSUED	("X" BOX FOR ATTACH	 IMENT) ∏
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently	of record in the	Office of the Sauraton of	Number of Shares	Class/Series	Par Value
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.			1,000	COMMON	
				COMMON	NO PAR
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This report must be executed	on behalf of the	corporation by an authorize	d representative. If the	corporation is in the hands	of a receiver or trust
his report must be executed of	on behalf of the	corporation by the receiver of	or trustee.		
			Under penalty of	perjury, I declare and affirm th	hat I have examined this
				ompanying schedules and stat	
المستعقل ووسو				are true and correct.	1 .
File Date FILED			Dilless	a. Marione	3/1/2010
1140 0 0 000			Signature	10	Date
Check MMAR 0 9 2010			ALBERT A	. MAZZONE	
	1	İ	Print or Type Name		
RV BV 1/4/	·	. [2	

PRESIDENT

Title