

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 2011

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. 7-1.2-150).

subject to a penalty fee of \$25.00.			ual report within thirty (50) ac	tys after the time prescribea by iaw (K.I.G.L. /-1.2-1501(10a)) B	
1. Corporate ID No. 103909	2. Name of Corporation Providence Equ	ity Partners III Inc.				
3. Street Address Principal Business 50 Kennedy Plaza, 18th	Office Floor		City Providence	State Zip Rhode Island 02903		
4. Business Phone No. 401-751-1700		5. State of Incorporation Delaware				
6. Brief Description of the Character To provide accounting, rec	ord-keeping, portfolk	o management and sim				
NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC			GHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS : Vice President Name			
Jonathan M. Nelson			Glenn M. Creamer			
Street Address 50 Kennedy Plaza, 18th Floor			Street Address 50 Kennedy Plaza - 18th Floor			
City Providence	State Rhode Island	^{Zip} 02903	City Providence	State Rhode Island	^{Zip} 02903	
Secretary Name Jonathan M. Nelson			Treasurer Name Robert S. Hull			
Street Address 50 Kennedy Plaza, 18th Floor		Street Address 50 Kennedy Plaza, 18th Floor				
City Providence	State Rhode Island	^{Zip} 02903	City Providence	State Rhode Island	^{Zip} 02903	
8. NAMES AND ADDRESSE Director Name	S OF THE DIRECTO	RS: ("X" BOX FOR AT	TACHMENT) FILE I Director Name	n spaces before using	AUTACHMENES	
Glenn M. Creamer			Paul J. Salem			
Street Address 50 Kennedy Plaza, 18th Floor			Street Address 50 Kennedy Plaza, 18th Floor			
City	State	Zip	Cuy	State	Zip	
Providence Director Name	Rhode Island	02903	Providence Director Name	Rhode Island	[02903	
Jonathan M. Nelson						
Street Address 50 Kennedy Plaza - 18tl	n Floor		Street Address			
City Providence	State Rhode Island	<i>Zip</i> 02903	City	State	Zip	
9. SHARES AUTHORIZED				("X" BOX FOR ATTACH ECTION MUST BE COMPLETED	veko 🔲 🗀	
This information is current	ly of record in the Off	fice of the Secretary 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.			1,100	Common	No Par Value	
			900 THE SE	Non-Voting	No Par Value	
This report must be execute	d on behalf of the cor	rporation by an authorize	ed representative. If the	corporation is in the hands	of a receiver or trustee,	
this report must be executed	on behalf of the cor					
		FILE				
		MAP A 1 ac	Under penalty of	perjury, I declare and affirm th	at I have examined this rep	

	FILED		
	MAR 0 1 2011	Under penalty of perjury, I declare and affirm including any accompanying schedules and s	that I have examined this report, tatements, and that all statements
File Date	By 138773	contained herein are true and correct.	2/24/11
Check No.	DS	Signature Paul J. Salem	Date
Bre:		Print or Type Name	
FOR SECRETARY OF STATE USE ONLY		Director Title	Form 630 Rev 08/08