

A. Ralpb 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

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(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 \$.					
1. Corporate ID No.	2 Name of Corpo Out of Blue,				
3. Street Address Principal Business Office 16 Graywood DR			City Lincoln	State RI	7ip 02865
4. Business Phone No. 5. State of Incorporation RI					
6 Brief Description of the Provide world-class	Character of Business Conduction and IT co	ed in Rhode Island onsulting services			
	PRESSES OF THE OFFIC	CERS: ("X" BOX FOR ATTA	CHMENT) THLL IN	SPACES BEFORE USING	ATTACHMENTS
President Name Ning Jiang			· · · · · · · · · · · · · · · · · · ·		
Street Address 16 Graywood DR			Street Address		
^{City} Lincoln	State RI	^{Zip} 02865	City	State	Zip
Secretary Name			Treasurer Name	***************************************	•••••••
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADI	 DRESSES OF THE DIRE	 CTORS: <i>("X" BOX FOR AT</i>	: TACHMENT) [] FILL:	IN SPACES BEFORE USII	NG ATTACHMENTS
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name		J	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
100			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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	Class/Series	Par Value
			0		No Par Value
1					
This report must be	executed on behalf of t	ne corporation by an authoriz	zed representative. If the	corporation is in the har	nds of a receiver or trustee,
this report must be	executed on behalf of th	e corporation by the receive	r or trustee.		
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				ccompanying schedules and nare true and correct.	statements, and that all stateme
	FILED			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3/1 b ou
File Date			Signature		Date
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