State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50.00
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	
Limited Liability Company Annual Report Filing Period: September 1 - November 1	
n accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to ile its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR: 2011	
1. ID No. <u>000605284</u>	
2. Exact Name of the Limited Liability Company Align Pro Solutions LLC	
3. State of Formation	
State: <u>RI</u>	
Manufacture and sale of computer accessories   5. Principal Office Address	
No. and Street: 140 DUCK COVE ROAD	
City or Town: <u>NORTH KINGSTOWN</u> State: <u>RI</u> Zip: <u>02822</u> Country	r: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>HARRIETT G. LOOMIS</u> Contact Title: <u>CEO</u>	
No. and Street:140 DUCK COVE RD.City or Town:N. KINGSTOWNState: RIZip: 02852Countr	v US
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS	). <u>es</u>
Title Individual Name Address	
First, Middle, Last, Suffix   Address, City or Town, State, Zip Code	e, Country
B. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	, country
HARRIETT G. LOOMIS 140 DUCK COVE ROAD NORTH KINGSTOWN , RI 02852	
$\frac{1}{1}$	

## Signed this 14 Day of November, 2011 at 2:43:12 PM by the authorized person. This electronic

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

## By <u>HARRIETT G. LOOMIS</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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