

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact na	me of the limited lial	pility company				
148290	Blue Sk	Blue Sky Technologies, LLC					
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island					
RI	Offsite D	ata Protection	for Small to Medium Sized Businesses				
5. Principal office address 111 Old Beach Rd	Principal office address 11 Old Beach Rd.		City Newport	State RI	Zip 02840		
8. MAILING ADDRESS (OF LIMITED LIABILE	TY COMPANY AND	NAME OF THE EOF CONTACT				
ontact Name L aurie Holbrook		Contact Title					
Street Address 111 Old Beach Rd.			City Newport	State RI	Zip 02840		
7. LIGT ALL MANAGER	S (NAMES AND ADI	RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - DO	NOT UST MEMBE		
TA DUATURALIAL	(7) (1) (1)	STERRESTED HARRIES AND ALTON OF	l aller of the article likely, the reference for the receive him	ATRY I PANAL I ALITTAN PALANCIA TAMBURINEN	A MINE CONTRACTOR OF STREET		
			Manager Name				
Manager Name	Ahmalah II — Barang						
Manager Name Street Address	State	Zip	Manager Name	State	, Zip		
Manager Name Street Address City			Manager Name Street Address				
Manager Name Street Address City Manager Name			Manager Name Street Address City				
Manager Name Street Address City Manager Name Street Address			Manager Name Street Address City Manager Name				
Manager Name Street Address City Manager Name Street Address City Anager Name City A. RESIDENT AGENT IN	State	Zip	Manager Name Street Address City Manager Name Street Address	State	⁴ Zip		

File Date	FILED	Under penalty of perjury, I declare and affirm the this report, including any accompanying schedules and the office of the companying schedules.	lules and statements.
Check No.	NOV 0 7 2012	A access to be be a statements contained herein are true to be a statement of Authorized Person	Jo / 2 // Date
FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012