



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

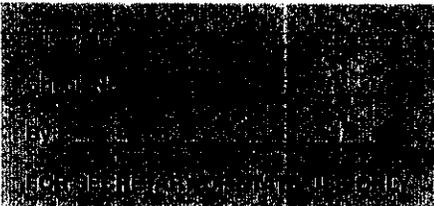
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 66573		2. Exact name of the Corporation MICRO COMPUTER ASSOCIATES, INC.			
3. Principal office address 207 HIGH POINT AVENUE, STE. 7			City PORTSMOUTH	State RI	Zip 02871
4. Business Phone No. 619-1915		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island The designing and manufacturing of computer related products.					
President Name HARRY L. GUSTAFSON III			Vice-President Name DAVID A. LINCOLN		
Street Address 2 GRANADA TERRACE			Street Address 1108 GREEN END AVENUE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
Secretary Name DAVID A. LINCOLN			Treasurer Name HARRY L. GUSTAFSON III		
Street Address 1108 GREEN END AVENUE			Street Address 2 GRANADA TERRACE		
City MIDDLETOWN	State RI	Zip 02742	City MIDDLETOWN	State RI	Zip 02842
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	NO PAR

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.



FILED
 FEB 05 2013
 2044

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 1/31/13
 Signature of Authorized Representative Date
HARRY L. GUSTAFSON, III

Print or Type Name of Authorized Representative