



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 2004

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. <u>R1</u> <u>85030</u>		2 Exact name of the Corporation <u>Organizational Solutions, Inc</u>	
3 Principal office address <u>36 Haddam Dock Rd</u>		City <u>Haddam</u>	State <u>CT</u>
4 Business Phone No. <u>860-345-3120</u>		5 State of Incorporation <u>Rhode Island</u>	
6 Brief description of the character of business conducted in Rhode Island <u>Management consulting</u>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>David W. Boky</u>		Vice-President Name <u>NONE</u>	
Street Address <u>36 Haddam Dock Rd</u>		Street Address	
City <u>Haddam</u>	State <u>CT</u>	City	State
Zip <u>06438</u>		Zip	
Secretary Name <u>NONE</u>		Treasurer Name <u>NONE</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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 <u>600</u>	CLASS/SERIES <u>STK</u>
		PAR VALUE <u>-0-</u>	

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Form No. 630  
Revised: 01/2012

APR 04 2013

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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.

David W. Boky 2/25/13  
Signature of Authorized Representative Date

David W. Boky  
Print or Type Name of Authorized Representative