



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 **2015**

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. <b>000120184</b>		2. Exact name of the Corporation <b>AdvEnSoft, Inc.</b>			
3. Principal office address <b>1360 High Hawk Road</b>		City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	
4. Business Phone No. <b>401-241-3634</b>		5. State of Incorporation <b>Delaware</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Consulting, principally related to software development</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Prithwish Basu, PhD</b>			Vice-President Name <b>Amitava Datta, PhD</b>		
Street Address <b>27 Angell Street</b>			Street Address <b>1360 High Hawk Road</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>Harold E. Willmott, CPA</b>			Treasurer Name <b>Harold E. Willmott, CPA</b>		
Street Address <b>5 Michael Drive</b>			Street Address <b>5 Michael Drive</b>		
City <b>South Easton</b>	State <b>MA</b>	Zip <b>02375</b>	City <b>South Easton</b>	State <b>MA</b>	Zip <b>02375</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Prithwish Basu, PhD</b>			Director Name <b>Amitava Datta, PhD</b>		
Street Address <b>27 Angell Street</b>			Street Address <b>1360 High Hawk Road</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Director Name <b>Harold E. Willmott, CPA</b>			Director Name		
Street Address <b>5 Michael Court</b>			Street Address		
City <b>South Easton</b>	State <b>MA</b>	Zip <b>02375</b>	City	State	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	CLASS/SERIES	PAR VALUE
			1500	CWP	.01

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: \_\_\_\_\_

**FILED**

FOR SECRETARY OF STATE USE ONLY

**FEB 04 2015**

**BY** 1103

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.

*Harold E. Willmott*

**01/25/2015**

Signature of Authorized Representative

Date

**Harold E. Willmott, CPA, Treas**

Print or Type Name of Authorized Representative