

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501) nual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(cerd)) is

Corporate ID No. 127681	2 Name of Corpo Simpatico S	oftware Systems, Inc.				
Street Address Principal Business Office 20 Altieri Way, Unit 3			City Warwick	State RI	^{Zip} 02886	
(866) 276-7725		5. State of Incorporation Rhode Island	п			
Brief Description of the	Character of Business Conductions Uting. DRESSES OF THE OFFICE	ted in Rhode Island CERS: ("X" BOX FOR ATTA	CHMENT) FILL IN	N SPACES BEFORE USIN	G ATTACHMENTS	
President Name Kenneth J. Block			Kenneth J. Block			
Broot Address 20 Altieri Way, Unit 3			Street Address 20 Altieri Way, Unit 3			
Varwick	State RI	^{Zip} 02886	City Warwick	RI RI	^{2ip} 02886	
ecretary Name (enneth J. Block			Treasurer Name			
street Address 20 Altieri Way, Unit 3			Street Address			
Varwick	State RI	^{Zip} 02886	City	State	Zip	
, NAMES AND ADI	DRESSES OF THE DIRE	CTORS: ("X" BOX FOR AT	TACHMENT) FILL Director Name	, in spaces before us	SING ATTACHMENTS	
treet Address			Street Address			
My.	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
(.ii)	State	Zip	City	State	Zip	
). SHARES AUTHO	PRIZED	1	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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.			No. of Change	Class/Series	Par Value	
			100			
This report must be this report must be	e executed on behalf of executed on behalf of t	the corporation by an authoring corporation by the receive	zed representative. If t r or trustee.	he corporation is in the h	ands of a receiver or truste	
			including any	accompanying schedules ar	firm that I have examined this and statements, and that all state	
File Date		FEB 1 7 2015	contained her	ein are true and correct.	2/5/15 Date	
Check No.		821d - VB	Signature Kenneth		GP N L V	
Ву:			Print or Type I			
i.	TARY OF STATE USE ONLY	[Title			