

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

1. Entity ID No.	2. Exact nam	URE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE. 2. Exact name of the Corporation					
977341 BusySeed, Inc.							
3. Principal office address 592 Admiral Street 4. Business Phone No. 401-451-9939			City Providence	State RI	Zip 02908		
			5. State of Incorporation Rhode Island				
6. Brief description of the c Computer Consult		conducted in Rhode Island	1				
President Name Omar Jenbłat			Vice-President Name				
Street Address 592 Admiral Street			Street Address				
City Providence	State RI	Zip 02908	City	State	Zip		
Secretary Name Omar Jenblat			Treasurer Name Omar Jenblat				
Street Address 592 Admiral Street			Street Address 592 Admiral Street				
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908		
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Director Name			Director Name		2015	00 00 00 00 00 00	
Street Address			Street Address				
City	State	Zip	City	State	Zip	ARC:	
Director Name			Director Name				
Street Address			Street Address 9 0 2				
City	State	Zip	City	State	Zip 🗲	(T)	
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This information is currently of record in the Office of the Secretary of State. Changes require an additional filling. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES Common	PAR VALUE	00	
			1000	Common	1 410		
This report must be execu		orporation by an authorize t be executed on behalf of			s of a receiver or	trustee,	
			Under penalty of p	erjury, I declare and affi ng any accompanying s			
		ents contained herein a					
			Mar H				

			FILED	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.		
			MAR 25 2015	Signature of Authorized Representative Omar Jenblat	Date	
Form No. 630 Revised: 01/20	012	<u> </u>	B) 245 4 3L	Print or Type Name of Authorized Representative		