



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3030

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 130801		2. Name of Corporation LITTLE WAVE, INC.		
3. Street Address Principal Business Office 62 Town House Rd.		City East Providence	State RI	Zip 02914
4. Business Phone No. 401.438.1407		5. State of Incorporation RHODE ISLAND		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island DEVELOPS AND DISTRIBUTES SOFTWARE				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Heidi Waters		Vice President Name none		
Street Address 62 Town House Rd		Street Address		
City E. Prov	State RI	Zip 02914	City	State Zip
Secretary Name none		Treasurer Name none		
Street Address		Street Address		
City	State	Zip	City	State Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name none		Director Name none		
Street Address		Street Address		
City	State	Zip	City	State Zip
Director Name none		Director Name none		
Street Address		Street Address		
City	State	Zip	City	State Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
ISSUED SHARES				
Number of Shares	Class Series	Par Value	Number of Shares	Class Series Par Value
1,500 COMM NO PAR VALUE			none	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 6/28/05
Check No.: 2760
By: DA
FOR SECRETARY OF STATE USE ONLY

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 of Officer: Heidi Waters
Date: 5/19/05
Print or Type Name of Officer: HEIDI A. WATERS
Title of Officer: President



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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 130801		2. Name of Corporation LITTLE WAVE, INC.			
3. Street Address Principal Business Office 62 Town House Rd.			City East Providence	State RI	Zip 02914
4. Business Phone No. 401-438-6407		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island DEVELOPS AND DISTRIBUTES SOFTWARE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Heidi A. Waters			Vice President Name None		
Street Address 62 Town House Rd.			Street Address		
City E. Prov	State RI	Zip 02914	City	State	Zip
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Heidi A. Waters			Director Name None		
Street Address 62 Town House Rd			Street Address		
City E. Prov	State RI	Zip 02914	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,500	COMM NO PAR VALUE		None	None	None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date 9/2/04
Check No. 2565
By: DA
FOR SECRETARY OF STATE USE ONLY

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 of Officer Heidi A. Waters Date 3/2/2004
Print or Type Name of Officer Heidi A. Waters
Title of Officer President