State of Rhode Island and Providence Plantations Fee: S Office of the Secretary of State			
	Division Of Business 148 W. River S Providence RI 029 (401) 222, 20	treet 04-2615	
(401) 222-3040			
Limited Liability Company			
Annual Report Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2016			
1. ID No. <u>000995261</u>			
2. Exact Name of the Limited Liability Company CAI Software LLC			
3. State of Formation			
State: <u>DE</u>			
ARTICLE III			
Using the following NAICS codes, please select the code that best describes your business.			
NAICS Code <u>51</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
SOFTWARE AND TECHNOLOGY SERVICES.			
5. Principal Office Address			
No. and Street: THE CORPORATION TRUST COMPANY			
<u>1209 ORANGE STREET</u> City or Town: WILMINGTON State: DE Zip: 19801 Country: USA			
City or Town: <u>WILMIN</u>	NG I UN	State: <u>DE</u> Zip: <u>19801</u> C	ountry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:			
No. and Street:36 THURBER BOULEVARDCity or Town:SMITHFIELDSMITHFIELDState: RIZip:02917Country:USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	rada Countra
L	First, Middle, Last, Suffix	Address, City or Town, State, Zip C	oue, country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 14 Day of September, 2016 at 2:37:43 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JOHN F. BINGAMAN Signature of Authorized Person

Form No. 632 Revised 09/07

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