

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January , (FORM MUST BE TYPED IN		Filing Fee: \$50.00			
I. Corporate ID No.	N BLACK) 2. Name of Corp	ooration	e species and the State of Sta		with the first of the wife saw were the controlled to the same with the same of the same o
104702	IT SYSTEM				
3. Street Address Principal Bu			City	State	
141 PHENIX AVENU			CRANSTON	RI	Zip
4. Business Phone No.		5. State of Incorpor	4	171	02920-
4019463233		RHODE ISLA			6. SIC Code
7. Brief Description of the Cha	gracter of Rusiness Co		**************************************		7286
TO ENGAGE IN COMPU	TER CONSULTIN	G SERVICES INCLUI	ING THE SALE OR LEASI	OF ANY SOFTWARE	AND HARDWARE.
8: NAMES AND ADDRE President Name	SSES OF THE OF	FICERS ("X" BOX FOR	ATTACHMENT), TRILL IN S Vice President Name	PACES BEFORE USING	TTACHMENTS
Mark A. Ruggieri			Michael A. Giu	ıliani	
Street Address	WPT	market are well with the second and the second are second as a second are second are second as a second are second as a second are second	Sireet Address	Carrana experience of the first state of the second	entantian (17, 47) (halasessanse ette 177, aa van 187
39 Cottonwood Dr:	ive		14 Robert Circ	:le	
Zity	State	Zip	City	State	Zip
Cranston	RI	02921	Johnston	RI	02919
ecretary Name			Treasurer Name	* * * * * * * * * * * * *	
Robert Luke			Michael A. Giu	liani	
Street Address	voiamento metro en espesa, i . e	and Markey . The transfer of the second seco	Street Address		793 M
19 Cottonwood Dri	ive		14 Robert Circ	1.0	
City	State	7ir	and the second s		
Cranston	RI	<i>Zip</i> 02921	City	State	Zip
	?		. Johnston	RI	02919
9. NAMES AND ADDRE	SSES OF THE DII	ECTORS ("X" BOX FO	<i>PRATTACHMENT)</i> 🗆 FILL IN	SPACES BEFORE USING	ATTACHMENTS
			"Director Name		
None	**************************************	* i.i	*.		
ireet Address			Street Address	E-A-Sammannamannaman (A-C-A-S-SSS), A-SAMMANNAMAN (C-SAMMAN)	maaroomaanoonin , ib yoo aan araamaanoomaan oo ahay i n umaaroomaa ahaaninga j
ity	State	Zip	· City	State	`Zip
Director Name	* * * * * * * * * * *	~ · · · · · · · · · · · · · · · · · · ·			~ 2 4 4 5 T X 3 N Y 5 4
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Director Name		
treet Address	S C TOTAL S A SERVICE COMMENT A TRANSPORT TOTAL TOTAL STATE AS A SERVICE AS A SERVI	annona antara en	Street Address	a an annuae annuae (1777 - 1772 1786) d'Annuae an Annuae an Annuae (1777 1773) (1784 ann an Annuae an Annuae	error of the state
57	State		V. V		
Tity	Sidie	Zip	City	State	Zip
10 CITADEC ALEUTODIZ					
I 0. SHARES AUTHORIZ UTHORIZED SHARES	ED X BUX FUK	ALIACHMENI)		K" BOX FÖR ATTACHMEN	
umber of Shares	Class/Series	D 1/-l	ISSUED SHARES		
umoer of shares	Ciass/Series	Par Value	Number of Shares	Class/Series	Par Value
,000 NO PAR VALUE			400	Common	No Par
		The state of the s			
The second secon	**************************************			***************************************	•
his report must be signe	e d in ink by eithe	er the President, Vice	President, Secretary, Assi.	stant Secretary, Treast	irer. Receiver or Trust
			•	,, =	, 1
E1 (1711 SEII) St01					
1 0 4	7 0 2		Under penalty of per	jury, I declare and affirm	that I have examined
			this report, including	any accompanying sched	ules and statements
104702 DBC 08/31/05	. UO:U3:33 VV*		and that all statemen	ts contained herein are tru	e and correct.
04702 DBC 043170	_		M. 1 1	1 0	
File Date 7 6	05	_	[!lichael i	4 ZVullani	08-31-05
الماليا	5 3		Signature of Officer	- Samour	Date
heck No. 99	<u>フ </u>	_	MICHAEL	A. GIYLIA	naf z
A :4			Print or Type Name of	Officer GIACIF	10
v: DA		-	-0	0-0	
OR SECRETARY OF STATE	USE ONLY		TREASU	145K	
			Title of Officer		Form 630 12/



FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

City Cranston FOR ATTACHMENT) FILL IN Vice President Name Mark A. Ruggi Street Address 39 Cottonwood City Cranston Treasurer Name Michael A. Gi- Street Address 14 Robert Circ City Johnston FOR ATTACHMENT) FILL I	State RI SPACES BEFORE USING eri Drive State RI ulilani cle State RI	Z _{ip} 02921
City Cranston FOR ATTACHMENT) FILL IN Vice President Name Mark A. Ruggi Street Address 39 Cottonwood City Cranston Treasurer Name Michael A. Gi Street Address 14 Robert Circ City Johnston FOR ATTACHMENT) FILE I	State RI SPACES BEFORE USING eri Drive State RI ulilani cle State RI	02920 6. SIC Code 7872 ATTACHMENTS Zip 02921 Zip 02919
Cranston FOR ATTACHMENT) FILL IN Vice President Name Mark A. Ruggi Street Address 39 Cottonwood City Cranston Treasurer Name Michael A. Gi Street Address 14 Robert Circ City Johnston FOR ATTACHMENT) FILL I	RI SPACES BEFORE USING eri Drive State RI ulilani cle State RI	02920 6. SIC Code 7872 ATTACHMENTS Zip 02921 Zip 02919
Cranston FOR ATTACHMENT) FILL IN Vice President Name Mark A. Ruggi Street Address 39 Cottonwood City Cranston Treasurer Name Michael A. Gi Street Address 14 Robert Circ City Johnston FOR ATTACHMENT) FILL I	RI SPACES BEFORE USING eri Drive State RI ulilani cle State RI	02920 6. SIC Code 7872 ATTACHMENTS Zip 02921 Zip 02919
Cranston FOR ATTACHMENT) FILL IN Vice President Name Mark A. Ruggi Street Address 39 Cottonwood City Cranston Treasurer Name Michael A. Gi Street Address 14 Robert Circ City Johnston FOR ATTACHMENT) FILL I	RI SPACES BEFORE USING eri Drive State RI ulilani cle State RI	02920 6. SIC Code 7872 ATTACHMENTS Zip 02921 Zip 02919
Cranston FOR ATTACHMENT) FILL IN Vice President Name Mark A. Ruggi Street Address 39 Cottonwood City Cranston Treasurer Name Michael A. Gi Street Address 14 Robert Circ City Johnston FOR ATTACHMENT) FILL I	RI SPACES BEFORE USING eri Drive State RI ulilani cle State RI	02920 6. SIC Code 7872 ATTACHMENTS Zip 02921 Zip 02919
oration ardware ORATTACHMENT) FILL IN Vice President Name Mark A. Ruggi Street Address 39 Cottonwood City Cranston Treasurer Name Michael A. Gi Street Address 14 Robert Circ City Johnston FOR ATTACHMENT) FILE I	SPACES BEFORE USING. eri Drive State RI ulilani cle State RI	6. SIC Code 7872 ATTACHMENTS Zip 02921 Zip 02919
ord ardware ORATTACHMENT) FILL IN Vice President Name Mark A. Ruggi Street Address 39 Cottonwood City Cranston Treasurer Name Michael A. Gi Street Address 14 Robert Circ City Johnston FOR ATTACHMENT) FILL I	eri Drive State RI ulilani cle State RI	7872 ATTACHMENTS Zip 02921 Zip 02919
PRATTACHMENT) FILL IN Vice President Name Mark A. Ruggi Street Address 39 Cottonwood City Cranston Treasurer Name Michael A. Gi- Street Address 14 Robert Circ City Johnston FOR ATTACHMENT) FILL I	eri Drive State RI ulilani cle State RI	Zip 02921 Zip 02919
ORATTACHMENT) FILL IN Vice President Name Mark A. Ruggi Street Address 39 Cottonwood City Cranston Treasurer Name Michael A. Gi Street Address 14 Robert Circ City Johnston FOR ATTACHMENT) FILE I	eri Drive State RI ulilani cle State RI	Z _{ip} 02921
Vice President Name Mark A. Ruggi Street Address 39 Cottonwood City Cranston Treasurer Name Michael A. Gi Street Address 14 Robert Circ City Johnston FOR ATTACHMENT ☐ FILE I	eri Drive State RI ulilani cle State RI	Z _{ip} 02921
Mark A. Ruggi Street Address 39 Cottonwood City Cranston Treasurer Name Michael A. Gi Street Address 14 Robert Circ City Johnston FOR ATTACHMENT ☐ FILE I	State RI ulilani cle State RI	02921 . <i>Zip</i> 02919
Street Address 39 Cottonwood City Cranston Treasurer Name Michael A. Gi Street Address 14 Robert Circ City Johnston FOR ATTACHMENT) FILE 1	State RI ulilani cle State RI	02921 . <i>Zip</i> 02919
39 Cottonwood City Cranston Treasurer Name Michael A. Gi Street Address 14 Robert Circ City Johnston FOR ATTACHMENT) ☐ FILE I	State RI ulilani cle State RI	02921 . <i>Zip</i> 02919
City Cranston Treasurer Name Michael A. Gi Street Address 14 Robert Ciry City Johnston FOR ATTACHMENT ☐ FILL I	State RI ulilani cle State RI	02921
Cranston Treasurer Name Michael A. Gi Street Address 14 Robert Circ City Johnston FOR ATTACHMENT ☐ FILE 1	RI ulilani cle State RI	02921 . <i>Zip</i> 02919
Treasurer Name Michael A. Gi Street Address 14 Robert Circ City Johnston FOR ATTACHMENT) ☐ FILL I	ulilani cle <i>State</i> RI	. <i>Zip</i> 02919
Street Address 14 Robert Cir City Johnston FOR ATTACHMENT) ☐ FILE 1	cle <i>State</i> RI	02919
14 Robert Cir City Johnston FOR ATTACHMENT) ☐ FILE I	State RI	02919
<i>City</i> Johnston FOR ATTACHMENT) ☐ FILL 1	State RI	02919
Johnston FOR ATTACHMENT) ☐ FILL 1	RI	02919
FOR ATTACHMENT) 🔲 FILL I		02919
FOR ATTACHMENT) FILL 1 Director Name	N SPACES BEFORE USING	
Director Name	A Committee of the Comm	
Street Address	esta a la compressión de la compressión	Mark Control of
	and the state of t	Annual Annua
City	State	Zip
Director Name	4 - 5 - 6 - 6 - 7 - 7	e de la companya del companya de la companya del companya de la co
Street Address	to write the test of the control of	and the second of the second o
City	e promote and a second	and the second s
City	State	Zip
April 100 graph transport graphs assured		ile 🕳 ala ili una ili
	"X" BOX FOR ATTACHME	<i>NT</i>) <u>U</u>
Number of Shares	Class/Series	Par Value
400	Common	No Par Value
	City Director Name Street Address City 11. SHARES ISSUED (ISSUED SHARES Number of Shares 400 e President, Secretary, Ass	City State Director Name Street Address City State 11. SHARES ISSUED ("X" BOX FOR ATTACHME ISSUED SHARES Number of Shares Class/Series

Print or Type Name of Officer

TREA SURER

Title of Officer

Form 630 12/01



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

(FORM MUST B	E TYPED IN BLACK)				
I. Corporate ID	No. 2. Name of	Corporation	MATERIA DE LA CONTRACTOR MATERIA DE LA CARRELLA DE	control of white a series of the	the state of the s
104702	IT SYS	TEMS, LTD			
3. Street Address	Principal Business Office	ementureen i manamae miran i i i i i i i i i i i i i i i i i i i	City	State	Zip
141 Pheni	x Avenue		Cranston	RI	02920
4. Business Phon	e No.	5. State of Incorp	ACCURAGE CONTROL OF THE CONTROL OF T	· · · · · · · · · · · · · · · · · · ·	6. SIC Code
401-946-3	3233	Rhode Islan			0. 570 Code
7. Brief Descript Computer c	on of the Character of Busine, onsulting and sale	ss Conducted in Rhode Island of software and ha	ardware	APPROVED A STANDARD CONTRACTOR	
8. NAMES AN President Name	ND ADDRESSES OF THE	OFFICERS ("X" BOX FO	OR ATTACHMENT) FILL IN :	SPACES BEFORE USING	TTACHMENTS
John C. C.	ampellone		<i>Vice President Name</i> Mark A. Ruggie	ari	
Street Address	The second secon	CONTRACTOR	Street Address	51 1 	Secretary of Secretary Communication (Communication Communication Communication Communication Communication Com
18 Banebe	rrv Drive		39 Cottonwood	Drive	
City	State	Zìp	City	State	eriki i <u>g</u> wana i samii, w
Cranston	RI	02921	Cranston	RI	Zip
Secretary Name	6 f # 1 f		Treasurer Name	**************************************	02921
Michael A.	Giuliani		Michael A. Giu	ıliani	
Street Address	e de manue esperadores (que el como de la como avecer sur acesa au	er a samue encomes y explored a president particles.	Street Address	CONSIDER COMMISSION OF THE	A COMMENT OF THE STATE OF THE STATE OF
14 Robert	Circle		14 Robert Circ	·le	
City	State	Zip	City	AND THE RESERVE OF THE PROPERTY OF THE PROPERT	Control of the second
Johnston	RI	02919	Johnston	State RI	Zip
9. NAMES AN	DADDRESSES OF THE		FOR ATTACHMENT) FILL IN		02919
Director Name	इन्द्राम् । विकास वि स्थापन	intermediate (T. C. Donas et al. 1911) et al. (1911)	Director Name	SPACES BEPUKE USING	ALIACHMENTS
None					
Street Address	and we have the second server and the second second	and a war before a foreign of the first depression of the party of	Street Address	The control of the co	Control of the Contro
			50,0011144103		
City	State	Zip	City	State	Zip:
Director Name					一, 三元二
			Director Name		F 340
Street Address	and the control of th	The state of the second	Street Address	eti tisanti ili samma kanana kana	
			· ·		
City	State	Zip	.City	State	ST TT
10. SHARES A	UTHORIZED ("X" BOX I	FORATTACHMENT	11 OU ADEC ICOMPS #		
AUTHORIZED SI			ISSUED SHARES	X" BOX FOR ATTACHMEN	" □ & "
Vumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
	THE CONTRACTOR OF THE CONTRACT	TO THE RESIDENCE OF THE PARKS O	5 /AM A/S		THE PERSON OF TH
2,000	Common No P	ar Value	400	Common	No Par Value

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

	_
FILED	
File Date CO. W. EE 7	1171
DEC 3 1 2003	
Check No.	1
By: 3V 11 15 April 15	DA
U j / l l l l l l l l l l l l l l l l l l	-
FOR SECRETARY OF STATE USE ONLY	l

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.
Aut (aujull 1/20/200)
Signature of Officer Date
JOHN C. CAMPELLONE
Print or Type Name of Officer
I PRESIDENT
Title of Officer
Form 630 12/01



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

(FORM MUST BE TYPED IN	BLACK)				UNSTRU
1. Corporate ID No.	2. Name of Corp	oration			
104702	IT SYSTE	MS, LTD.			
3. Street Address Principal Busir			City	State	Zip
131 Comstock 4. Business Phone No. 401-946-3233	-	5. State of Incorporation RHODE ISLA		RI	02921 6. SIC Code
7. Brief Description of the Chara	cter of Business Conducte		110		U
Computer Cor	sulting and	sale of software FICERS ("X" BOX FOR ATT	and hardware ACHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
John C. Camp Street Address	ellone		Mark A. Rugg	ieri	
18 Baneberry	State	Zip	39 Cottonwood	d Drive	Zip
Cranston	RI	02921	Cranston	RI	02921
Secretary Name		i .	Treasurer Name		
Steven A. Ri Street Address	cci		Michael A. G	iuliani	
1603 Plainfi	eld Pike 5	Nicole Lane	14 Robert Cir	rcle State	Zip
Johnston 9. NAMES AND ADDRE	RI ESSES OF THE DII	02919 RECTORS ("X" BOX FOR A	Johnston TACHMENT) FILL IN SPACE	R I ES BEFORE USING ATT	02919
Director Name			Director Name		
None Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State .	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED ("X" BOX FOR AT)	TACHMENT)	11. SHARES ISSUED (*.	X" BOX FOR ATTACHMENT	י
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE	Common	No Par	400 Shares	Common	No Do-

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



20-02

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.

Common

Michael A	1. Diuliani	2-13-02
Signature of Officer		Date
Michigan	A 6344 (A)	1

MICHAEL A GIULIANI Print or Type Name of Officer

TREASURE R Title of Officer

FOR SECRETARY OF STATE USE ONLY

€ 5

400 Shares

Form 630 12/01

No Par



Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BL					\
1. Corporate ID No.	2. Name of Corporati				
104702		STEMS, LTD			
3. Street Address Principal Busines.			City	State	Zip
131 Domstock P	arkway		Cranston	RI	02921
4. Business Phone No.		5. State of Incorporation			6. SIC Code
401–946–3233		Rhode Isl	<u>and</u>		
7. Brief Description of the Characte					
		of software and			
8. NAMES AND ADDRES	SES OF THE OFFIC	LEKS ("X" BOX FOR ATTACH)	MENT) OFILL IN SPACES B Vice President Name	EFORE USING ATTACE	IMENTS
John C. Campei	lono			_ :	
Street Address	Tone		Mark A. Ruggier		
18 Banebury Dr	ina 18 Ba	neberry Drive	39 Cottonwood I)r t ûn	
City	State	neberry Drive	City	State	Zip
Cranston	RI	02921	Cranston	RI	02921
Secretary Name	<u></u> -		Treasurer Name	1 1 1 1	VZSZI
Steven A. Ricc	i		Michael A. Got	Mi Giuli	ani
itreet Address	31.07.01	West of Division in the	Street Address		
955-0-3ver Aver	tue 1603 FLA	INFIELD PIKE 46	14 Robert Circ	le	
ily Johnston	State	Zip Bangali	City	State	Zip
Granston NAMES AND ADDRES	RI	69999 Dagig	Johnston	RI	02919
Granaton NAMES AND ADDRES irector Name None	RI	69999 Dagig	Johnston HMENT) DFILL IN SPACES Director Name	RI	02919
Granston P. NAMES AND ADDRES Director Name None	RI	69999 Dagig	Johnston HMENT) DFILL IN SPACES	RI	02919
Granston NAMES AND ADDRES irector Name None treet Address	RI	69999 Dagig	Johnston HMENT) DFILL IN SPACES Director Name	RI	02919 CHMENTS
Granston D. NAMES AND ADDRES Director Name None treet Address	RI SES OF THE DIREC	TORS ("X" BOX FOR ATTAC	Johnston HMENT) DFILL IN SPACES Director Name Street Address	R I BEFORE USING ATTA	02919
Granston P. NAMES AND ADDRES Director Name None treet Address	RI SES OF THE DIREC	TORS ("X" BOX FOR ATTAC	Johnston HMENT) DFILL IN SPACES Director Name Street Address	R I BEFORE USING ATTA	02919 CHMENTS
Granston P. NAMES AND ADDRES Director Name None treet Address	RI SES OF THE DIREC	TORS ("X" BOX FOR ATTAC	Johnston HMENT) DFILL IN SPACES Director Name Street Address City	R I BEFORE USING ATTA	02919 CHMENTS
Granston P. NAMES AND ADDRES Director Name None treet Address ity irector Name	RI SES OF THE DIREC	TORS ("X" BOX FOR ATTAC	Johnston HMENT) DFILL IN SPACES Director Name Street Address City	R I BEFORE USING ATTA	02919 CHMENTS
Granston D. NAMES AND ADDRES Director Name None treet Address Director Name Otrector Name Otrector Name	RI SES OF THE DIREC	TORS ("X" BOX FOR ATTAC	Johnston HMENT) DFILL IN SPACES Director Name Street Address City Director Name	R I BEFORE USING ATTA	02919 CHMENTS
Granston NAMES AND ADDRES firector Name None treet Address ity irector Name reet Address	RI SES OF THE DIREC	TORS ("X" BOX FOR ATTAC	Johnston HMENT) DFILL IN SPACES Director Name Street Address City Director Name	R I BEFORE USING ATTA	02919 CHMENTS
Granston O. NAMES AND ADDRES Director Name None treet Address Director Name treet Address Director Name	RI SES OF THE DIREC	Zip	Johnston HMENT) DFILL IN SPACES Director Name Street Address City Director Name Street Address	RI BEFORE USING ATTA	O2919 CHMENTS SAN ACCOUNTS Zip
Granston P. NAMES AND ADDRES Director Name None treet Address ity irector Name treet Address ity O. SHARES AUTHORIZEI	RI SES OF THE DIREC	Zip	Johnston HMENT) DFILL IN SPACES Director Name Street Address City Director Name Street Address City 11. SHARES ISSUED (*X*	RI BEFORE USING ATTA	O2919 CHMENTS
Granston O. NAMES AND ADDRES Director Name None treet Address Director Name treet Address Director Name Utreet Address Director Name Utreet Address Director Name Utreet Address	SES OF THE DIRECT	Zip Zip	Johnston HMENT) DFILL IN SPACES Director Name Street Address City Director Name Street Address City 11. SHARES ISSUED (*X** ISSUED SHARES	RI BEFORE USING ATTA	O2919 CHMENTS SAN ACCOUNTS Zip
Granston O. NAMES AND ADDRES Oirector Name	RI SES OF THE DIREC	Zip	Johnston HMENT) DFILL IN SPACES Director Name Street Address City Director Name Street Address City 11. SHARES ISSUED (*X*	RI BEFORE USING ATTA	O2919 CHMENTS SAN ACCOUNTS Zip
Granston O. NAMES AND ADDRES Director Name None treet Address Director Name Urector Name Urector Name Urect Address Uthorized SHARES	SES OF THE DIRECT	Zip Zip	Johnston HMENT) DFILL IN SPACES Director Name Street Address City Director Name Street Address City 11. SHARES ISSUED (*X** ISSUED SHARES	RI BEFORE USING ATTA State State State	O2919 CHMENTS
Cranston O. NAMES AND ADDRES Director Name None treet Address City Director Name Ureet Address UTHORIZED SHARES umber of Shares	SES OF THE DIRECT	Zip Par Value	Johnston HMENT) DFILL IN SPACES Director Name Street Address City Director Name Street Address City 11. SHARES ISSUED ("X" ISSUED SHARES Number of Shares	State State State Class/Series	O2919 CHMENTS Zip Zip Par Value

	Under penalty of perjury, I declare and affirm that I have examined
	this report, including any accompanying schedules and statements,
11.01.001	that all statements contained herein are true and correct.
File Date: 5/25/200	3.15.200
Check No.: 246	Signature of Officer Date
-1	John C. Campellone
Ву:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	President President
	Title of Officer



FORM MUST BE TYPED IN BLACK)

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR O / Filing Period: January 1-March 1 • Filing Fee: \$50.00

Corporate ID No.	2. Name of Corporation			Twee Dinter	Wyman
- 1 41.1 1-4	, INKOLE	ETI CONTRACI	+ Jenuices.	was prixe se	Service La
Street Address Principal Busine	s Office	_	City	State	Zip
400-2 70	HEN POND	ROAD	WALTHAM	ma	02451
2. Business Phone No. 781 – 89 2. Brief Description of the Charac	0-7007	5. State of Incorporation	+ Services. City WALTHAM		6. SIC Code
7. Brief Description of the Charac	er of Business Conducted in Rho	de Island			
: 70	EZHNICAL.	STAFFING	(TEMP : PLO	in)	
8. NAMES AND ADDRE	SSES OF THE OFFICER	RS ("X" BOX FOR ATTACH	MENT) DFILL IN SPACES B	EFORE USING ATTACH	MENTS
President Name GARY (A FAVE		Vice President Name The OMAS	Prains	
259 WI	11 ow GAte		Street Address 15 Clove	enthil Dr	riie
1 to 1/15ton	State MA	2ip 0/746	Vice President Name Thomas Street Address 15 Clou City Chelmsfono	State MA	018 2 4
Secretary Name			Treasurer Name		, , , , ,
street Aduress			Street Address		
.tv	State	Zip	City	State	Zip
. NAMES AND ADDRE	SSES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	HMENT) DFILL IN SPACES	BEFORE USING ATTAC	HMENTS
Sirector Name		, ,	Director Name		
Street Address			Street Address		**************************************
(.ity	State	Zip	City	State	Zip
Director Name	·		Director Name		
Street Address			Street Address		
.ity	State	Zip	City	State	- Zip
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATTACHN	MENT)	11. SHARES ISSUED ("X	(" BOX FOR ATTACHMENT)	D 532
AUTHORIZED SHARES			ISSUED SHARES		38
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
260,000	Commo	1 5/100	NONE	/ 10	75 G
			1500	UI Es	
his report must be sign	red in ink by either t	he President, Vice Pr	esident, Secretary, Assis	tant Secretary, Treasur	er. Receiver or Trustee

File Date:

JUN 0 5 2001

Check No.:

By 205703

By:

FOR SECRETARY OF STATE USE ONLY

Under penalty of this report, include that all statement th

Under penalty of perjuty, I declare and affirm that I have examined
this report, including any accompanying schedules and statements, an
that all statements contained herein are true and correct.
1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2
July 10 3/1/01
Signature of Officer Date
GARY CAPAVE
Print or Type Name of Officer
PLASIDENT
T. J. C.O.C.



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation IT SYSTEMS, LTD. 104702 3. Street Address Principal Business Office City Zio 130 Comstock Parkway Cranston RΙ 02921 4. Business Phone No. 5. State of Incorporation 6. SIC Code 946-3233 RHODE ISLAND 7286 7. Brief Description of the Character of Business Conducted in Rhode Island Computer Consulting 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name John C. Campellone Mark A. Ruggieri Street Address BANEBERRY DRIVE Street Address 18 Banebury Drive 39 Cottonwood Drive City Zip State Zip RΙ Cranston 02921 Cranston RΙ 02921 Secretary Name Treasurer Name GIULIANI Steven A. Ricci Michael A. Guiliani Street Address 1603 PLAINFIELD PIKE UNIT GA Street Address 955 D Dyer Avenue 14 Robert Circle State JCHNSTON 02919 Graneton RI 02920 Johnston RI02919 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None None Street Address Street Address City Zip City State Zip Director Name Director Name Street Address Street Address City State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 2,000 NO PAR VALUE 400 Common No Par Value

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

104702 2/3/00
1775
Y 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

Date

- from any	1/3//	2000
Signature of Officer	Date /	
John_C. Campellone		
Print or Type Name of Officer		

President
Title of Officer