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
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
104702	IT SYSTEMS, LTD.

3. Street Address Principal Business Office	City	State	Zip
141 PHENIX AVENUE	CRANSTON	RI	02920-

4. Business Phone No.	5. State of Incorporation	6. SIC Code
4019463233	RHODE ISLAND	7286

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN COMPUTER CONSULTING SERVICES INCLUDING THE SALE OR LEASE OF ANY SOFTWARE AND HARDWARE.

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Mark A. Ruggieri	39 Cottonwood Drive	Cranston	RI	02921

Vice President Name	Street Address	City	State	Zip
Michael A. Giuliani	14 Robert Circle	Johnston	RI	02919

Secretary Name	Street Address	City	State	Zip
Robert Luke	19 Cottonwood Drive	Cranston	RI	02921

Treasurer Name	Street Address	City	State	Zip
Michael A. Giuliani	14 Robert Circle	Johnston	RI	02919

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES		
Number of Shares	*Class/Series*	*Par Value*
2,000 NO PAR VALUE		

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*
400	Common	No Par

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

[redacted] 104702 [redacted]

104702 DBC 08/31/05 09:03:32 AM
File Date 9/6/05
Check No. 4453
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.

Michael A Giuliani 08-31-05
Signature of Officer *Date*

MICHAEL A. GIULIANI
Print or Type Name of Officer

[redacted] TREASURER
Title of Officer

Form 630 12/01

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
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 104702

2. Name of Corporation IT SYSTEMS, LTD

3. Street Address Principal Business Office 141 Phenix Avenue

City Cranston *State* RI *Zip* 02920

4. Business Phone No. 401-946-3233

5. State of Incorporation Rhode Island

6. SIC Code 7872

7. Brief Description of the Character of Business Conducted in Rhode Island
Computer consulting and sale of software and hardware

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name John C. Campellone
Street Address 18 Baneberry Drive
City Cranston *State* RI *Zip* 02921

Vice President Name Mark A. Ruggieri
Street Address 39 Cottonwood Drive
City Cranston *State* RI *Zip* 02921

Secretary Name Michael A. Giuliani
Street Address 14 Robert Circle
City Johnston *State* RI *Zip* 02919

Treasurer Name Michael A. Giulilani
Street Address 14 Robert Circle
City Johnston *State* RI *Zip* 02919

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name None
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
2,000	Common	No Par Value

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES

Number of Shares	*Class/Series*	*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*

[redacted] 1 0 4 7 0 2

File Date 3-01-04
Check No. 4152
By: WP
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Michael A Giuliani 2-27-04
Signature of Officer *Date*

MICHAEL A. GIULIANI
Print or Type Name of Officer

[redacted] TREASURER
Title of Officer

Form 630 12/01

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
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 104702
2. Name of Corporation IT SYSTEMS, LTD

3. Street Address Principal Business Office 141 Phenix Avenue
City Cranston
State RI
Zip 02920

4. Business Phone No. 401-946-3233
5. State of Incorporation Rhode Island
6. SIC Code 0

7. Brief Description of the Character of Business Conducted in Rhode Island
Computer consulting and sale of software and hardware

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			*Street Address*		
18 Baneberry Drive			39 Cottonwood Drive		
City	*State*	*Zip*	*City*	*State*	*Zip*
Cranston	RI	02921	Cranston	RI	02921
Secretary Name			*Treasurer Name*		
Michael A. Giuliani			Michael A. Giuliani		
Street Address			*Street Address*		
14 Robert Circle			14 Robert Circle		
City	*State*	*Zip*	*City*	*State*	*Zip*
Johnston	RI	02919	Johnston	RI	02919

9. NAMES AND ADDRESSES OF THE DIRECTORS ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

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*

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
NOV 24 11 48 AM '03

10. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
2,000	Common	No Par Value

11. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES

Number of Shares	*Class/Series*	*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*

1 0 4 7 0 2

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 [signature]
Date 11/20/2003

JOHN C. CAMPELLONE
Print or Type Name of Officer

PRESIDENT
Title of Officer

FILED
File Date DEC 31 2003
Check No.
By:
FOR SECRETARY OF STATE USE ONLY

Form 630 12/01

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.
104702

2. Name of Corporation
IT SYSTEMS, LTD.

3. Street Address Principal Business Office
131 Comstock Parkway

City Cranston *State* RI *Zip* 02921

4. Business Phone No.
401-946-3233

5. State of Incorporation
RHODE ISLAND

6. SIC Code
0

7. Brief Description of the Character of Business Conducted in Rhode Island
Computer Consulting and sale of software and hardware

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name
John C. Campellone
Street Address
18 Baneberry Drive
City Cranston *State* RI *Zip* 02921

Vice President Name
Mark A. Ruggieri
Street Address
39 Cottonwood Drive
City Cranston *State* RI *Zip* 02921

Secretary Name
Steven A. Ricci
Street Address
~~1603 Plainfield Pike~~ 5 Nicole Lane
City Johnston *State* RI *Zip* 02919

Treasurer Name
Michael A. Giuliani
Street Address
14 Robert Circle
City Johnston *State* RI *Zip* 02919

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name
None
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
2,000 NO PAR VALUE	Common	No Par

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
400 Shares	Common	No Par

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

[redacted]

104702

[redacted]

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.

Michael A. Giuliani 2-13-02
Signature of Officer *Date*

MICHAEL A. GIULIANI
Print or Type Name of Officer

TREASURER
Title of Officer

File Date: 2-20-02

Check No.: 3564

By: KMC

FOR SECRETARY OF STATE USE ONLY

Form 630 12/01

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 BLACK)

1. Corporate ID No.	2. Name of Corporation			
104702	IT SYSTEMS, LTD			
3. Street Address Principal Business Office		City	State	Zip
131 [redacted] Comstock Parkway		Cranston	RI	02921
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-946-3233	Rhode Island			

7. Brief Description of the Character of Business Conducted in Rhode Island

Computer Consulting and sale of software and hardware

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: ~~18 Banebury Drive~~ 18 Baneberry Drive	Street Address: 39 Cottonwood Drive
City: Cranston / State: RI / Zip: 02921	City: Cranston / State: RI / Zip: 02921
Secretary Name	**Treasurer Name**
Steven A. Ricci	Michael A. ~~Guiliani~~ Giuliani
Street Address: ~~955-D Byer Avenue~~ 1603 PLAINFIELD PIKE U-62	Street Address: 14 Robert Circle
City: Johnston ~~Cranston~~ / State: RI / Zip: ~~02920~~ 02919	City: Johnston / State: RI / Zip: 02919

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

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 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
2000 shares	Common	No Par	400 shares	Common	No Par

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

[redacted]

[redacted]

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.

John C. Campellone — 3.15.2001
Signature of Officer — *Date*

John C. Campellone
Print or Type Name of Officer

[redacted] President
Title of Officer

File Date: 5/25/2001

Check No.: 2861

By: [redacted]

FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 01

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
[redacted]	INTOTECH CONTRACT SERVICES. (Was Winter Wyman Contract Services Inc)			
3. Street Address Principal Business Office		City	State	Zip
400-1 TOTTEN POND ROAD		WALTHAM	MA	02451
4. Business Phone No.	5. State of Incorporation			6. SIC Code
781-890-7007	MA			

7. Brief Description of the Character of Business Conducted in Rhode Island
TECHNICAL STAFFING (TEMP & PERM)

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
GARY LAFAVE			THOMAS PALM		
Street Address			Street Address		
259 WILLOWGATE			15 CLOVER HILL DRIVE		
City	State	Zip	City	State	Zip
HOLLISTON	MA	01746	CHELMSFORD	MA	01824
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
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 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
200,000	COMMON	$1.00	NONE.		
			1500		

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

[redacted]

FILED
File Date: JUN 05 2001
Check No.: 06#43
By 265703
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Gary LaFave 3/19/01
Signature of Officer *Date*

GARY LAFAVE
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 12/00

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 104702
2. Name of Corporation: IT SYSTEMS, LTD.
3. Street Address Principal Business Office: ~~130~~ 131 Comstock Parkway — City: Cranston — State: RI — Zip: 02921
4. Business Phone No.: 946-3233
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 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: John C. Campellone
Street Address: ~~BANEBERRY DRIVE~~ 18 ~~Banebury Drive~~
City: Cranston — *State*: RI — *Zip*: 02921

Vice President Name: Mark A. Ruggieri
Street Address: 39 Cottonwood Drive
City: Cranston — *State*: RI — *Zip*: 02921

Secretary Name: Steven A. Ricci
Street Address: ~~1603 PLAINFIELD PIKE UNIT G2~~ ~~955 D Dyer Avenue~~
City: ~~JOHNSTON~~ ~~Cranston~~ — *State*: RI — *Zip*: ~~02919~~ ~~02920~~

Treasurer Name: ~~GIULIANI~~ Michael A. ~~Guiliani~~
Street Address: 14 Robert Circle
City: Johnston — *State*: RI — *Zip*: 02919

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: None
Street Address:
City: — *State*: — *Zip*:

Director Name: None
Street Address:
City: — *State*: — *Zip*:

Director Name:
Street Address:
City: — *State*: — *Zip*:

Director Name:
Street Address:
City: — *State*: — *Zip*:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
2,000	NO PAR VALUE	

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*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

[redacted]

104702

File Date: 2/3/00

Check No.: 1775

By: [signature]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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] 1/31/2000
Signature of Officer *Date*

John C. Campellone
Print or Type Name of Officer

President
Title of Officer