

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401,222 3040

Form 630 12/0!

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arch 1 • Filing	NUAL REPOI	RT FOR THE YEA	R 2005	
CK)				
Name of Corporation				
	Network Alliance, Inc	C.		
Office		Ciry		Zip
		w warwick	RI	02893
	• •			6. SIC Code
				6638
		RVICESOF ALL TYPES, BO	TH INTRASTATE AND	INTERSTATE.
OF THE OFFICE	RS ("X" BOX FOR ATTA	ICHMENT) TELL IN SPACES Vice President Name	BEFORE USING ATTACI	IMENTS
		Paul Arpin Street Address		•
.ve		257 Howland Road		_
State	Zıp	City	State	Zıp
RI	02818	Fast Greenwich Treasurer Name	RI	02818
		Paul_Arpin		
		Street Address		
State	Zıp	Same as above City	State	Zıp
S OF THE DIRECT	ORS ("X" BOX FOR AT	Director Name Paul Arpin	S BEFORE USING ATTA	CHMENTS
		Street Address		
State	Zıp	Same as above City	State	Zıp
•		Director Name		
		Street Address		
State	Zip	City	State -	Zip
("X" BOX FOR ATT	(CHMENT)		C FOR ATTACHMENT)	
Class/Series	Par Value	Number of Shares	Class/Series	Par Value
	Office Tof Business Conducted NESS OF PROVIDE SOF THE OFFICE Ve. State R I State State State	State of Incorporation RHODE ISLAND TO Business Conducted in Rhode Island NESS OF PROVIDING RELOCATION SE SOFTHE OFFICERS ("X" BOX FOR ATTA Ve. State Zip RI 02818 State Zip State Zip State Zip State Zip State Zip	Siste of Incorporation RHODE ISLAND TO Business Conducted in Rhode Island NESS OF PROVIDING RELOCATION SERVICESOF ALL TYPES, BC OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES Vice President Name Paul Arpin Street Address VICE President Name Paul Arpin Street Address Same as above City Soft THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES Director Name Paul Arpin Street Address Same as above City Director Name State Zip Director Name Street Address Same as above City Director Name Street Address Same as above City Director Name Street Address City Director Name Street Address Street Address City City City	Office City State W WARWICK RI 5. State of Incorporation RHODE ISLAND r of Business Conducted in Rhode Island USES OF PROVIDING RELOCATION SERVICESOF ALL TYPES, BOTH INTRASTATE AND SOFTHE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACH Vice President Name Paul Arpin Street Address V. 257 Howland Road City State RI 02818



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

. Corporate ID No.	2. Name of Corp					
97105		ation Network Alliance, Inc.		Trata	Zip	
9 James P. Murphy H	ighway, West War	wick Industrial Park	West Warwick	Stat RI	^{zip} 02893	
Business Phone No. 401-828-8111		5. State of Incorporation			6. SIC Code	
		RHODE ISLAND	<u> </u>		6638	
	BUSINESS OF PR	OVIDING RELOCATION SERV	CAMENTS - THE IN S	INTRASTATE AND INT		
rsideni Name. David Arpin	SSES OF THE OFFI	CERS: ("X" BOX FOR ATT	Vice President Name Paul Arpin	TACES BEFORE USIN	ATTACHILLATS	
115 Pheasant Drive			257 Howland Road			
ast Greenwich	Stage RI	^{zi} 02818	East Greenwich	state RI	^{Z(p} 02818	
David Arpin			Treasurer Name Paul Arpin	····		
treet Address See Above			Sircei Address See Above			
- Sity	State	Zip	City	State	Zip	
. NAMES AND ADDRES Director Name David Arpin	SSES OF THE DIRE	CTORS: ("X" BOX FOR A	TACHMENT) FILL IN Director Name Paul Arpin	SPACES BEFORE US	ING ATTACHMENTS	
Siver Address See Above			Sireei Address See Above			
tty	State	Zip	City	State	Ζip	
Director Name	J		Director Name			
itreet Address			Street Address		•	
City	State	Zip	City	State	Zip	
0. SHARES AUTHORIZ	 ZED ("X" BOX FO	RATTACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTAC	 	
Number of Shares	Class/Scries	Par Value	Number of Shares	Class/Series	Par Value	
8,000 \$1.00 PAR VALU	E		2,000	Common	\$1.00	
File Date	FILED	y cither the President, Vice	including any accommodate the contained therein are	jury, I declare and affirm panying schedules and s	that I have examined th	
Check No.	AR 0 1 2004		Signature of Officer David Arpin	l) Pate	
Ву:	- doll To	4 GAN	Print or Type Name of President	f Officer		
COD CECDETARY	OF STATE USE ONLY					
FOR SECRETARY	0. 0		Title of Officer			

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 _2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 97105

2. Name of Corporation

01100	
3. Street Address Principal Business Office	
99 James P. Murphy Highway	
West Harwick Industrial Par	k
A: BIRINGS NIGHT NOT THE OWN THE	•

Arpin Relocation Services, Inc.

5. State of incorporation

Zip

210

ZIp

02818

State

RI

ZIp

02893

6. SIC Code

6638

401-828-8111

RHODE ISLAND

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

State

State

State

RΙ

Relocation Services

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

David Arpin Street Address

115 Pheasant Drive

East Greenwich Secretary Name

David Arpin Street Address

See Above

City

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name

David Arpin

Street Address See Above

Director Name

Street Address

City

AUTHORIZED SHARES

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

Number of Shares

8,000 \$1.00 PAR VALUE

Class/Series

Par Value

West Warwick

Paul Arpin

Street Address

257 Howland Road

East Greenwich

Treasurer Name

Paul Arpin Street Address

See Above

City

State

State

RI

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Paul Arpin Street Address

See Above

City

State

Zip

Director Name

Street Address

City

State

210

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

ESSULTO STANKES

Number of Shares

Class/Sertes

Par Value

2,000

Common

\$1.00

MAR 1 8,2003

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

315569

File Date: .

Check No .:

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this ropor), including any accompanying schedules and statements, and tements contained hovein are true and correct. that all st

Signature of Officer

David Arpin Print or Type Name of Officer

President

Title of Officer <u>---------</u> 5

Ferri 630 12/02

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

Filling Period: Januar	y I-March I •	Filing Fee: \$50.00			INSTRUC
(FORM MUST BE TYPED IN BL	ACK)				
1. Corporate ID No.	2. Name of Corporation	on .	•		
97105	Arpin Relocat	tion Services, Inc.			
3. Street Address Principal Busines 99 James P. Murph	iy Highway		_{City} West Warwick	State RI	^{Zip} 02893
West Warwick Indu	ISTITUT LOTY	5. State of Incorporation			6. SIC Code
401-828-8111		RHODE ISLAND		•	6638
7. Brief Description of the Characte	er of Business Conducted in	Rhode Island			
Relocation Service	ces				
8. NAMES AND ADDRES President Name	SSES OF THE OFFIC	CERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BE Vice President Name	EFORE USING ATTAC	HMENTS
David Arpin			Paul Arpin		
Street Address			Street Address		
115 Pheasant Driv	ve		257 Howland Road		
City	State	7.1p	City	State	Zip
East Greenwich	RI	02818	East Greenwich	RI	02818
Secretary Name			Treasurer Name		
David Arpin			Paul Arpin		
Street Address			Street Address		
See Above			See Above		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES	SSES OF THE DIREC	CTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES Director Name	BEFORE USING ATTA	ACHMENTS
David Arpin			Paul Arpin		
Street Address			Street Address		
See Above			See Above		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZI	ED ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHMENT	7)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$1.00 PAR VALUE			2,000	Common	\$1.00

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



File Date: . Check No.: .

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

David Arpin

Print or Type Name of Officer

President

Title of Officer

₹> 5

Form 630 12/01

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 200

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

(FORM MUST BE TYPED IN BLACK)

. Corporate ID No. 97105

Number of Shares

8,000 \$1.00 PAR VALUE

2. Name of Corporation Arpin Relocation Services, Inc.

3. Street Address Principal Business Office	City	State	Zip
99 James P. Murphy Highway	West Warwick	RI	02893
West Warwick Industrial Park 4. Business Phone No.	5. State of Incorporation RHODE ISLAND		6. SIC Cq
(401) 828-8111	KRODE ISLAND		6638

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

Relocation Services	5				
8. NAMES AND ADDRES President Name		ICERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES I Vice President Name	BEFORE USING A	ATTACHMENTS
David Arpin Street Address			Paul Arpin Street Address		
115 Pheasant Drive	State	Zip	257 Howland Road	State	Zip
East Greenwich Secretary Name	RI	02818	East Greenwich Treasurer Name	RI	02818
David Arpin Street Address			Paul Arpin Street Address		
See Above City	State	Zip	See Above City	State	Złp
9. NAMES AND ADDRES	SSES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPACE Director Name	S BEFORE USING	G ATTACHMENTS
David Arpin Street Address			Paul Arpin 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	ED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED (*	X" BOX FOR ATTAC	HMENT)
AUTHORIZED SHARES			ESSUED SHARFS		

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

Number of Shares

2,000



Class/Serles

Par Value

ile Date:		
•		
Sheck No.:		
y:		

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 hatch are true and correct.

Class/Series

Common

Par Value

\$1.00

Signature of Officer

David Arpin
Print or Type Name of Officer
President

Title of Officer

Form 630 12/00



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

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

(FORM MUST BE TYPED IN BLAC	K)				
1. Corporate ID No. 97105	2. Name of Corporation Arpin Rele	cation Services	, Inc.	. 	
3. Street Address Principal Business O 99 James P. Murp West Warwick Ind 4. Business Phone No. (401) 828-8111 7. Brief Description of the Character of	me hy Highway ustrial Park	5. State of Incorporation Rhode Island	cny West Warwick	State RI	21p 02893 6. SIC Code 6638
Relocation Servi	ces			_	
8. NAMES AND ADDRESS President Name David Arpin	ES OF THE OFFICE	RS (*x* box for attach	MENT) Vice President Name Paul Arpin	_	
Street Address 115 Pheasant Dri	ve		Street Address 257 Howland Road		
East Greenwich	State RI	^{Zip} 02818	CHy East Greenwich	State RI	02818
Secretary Name David Arpin		• • • • • • • • • • • • • • • • • • • •	Treasurer Name Paul Arpin	**** * ***** *** - * * * ***	
Sneet Address See Above			Street Address See Above		•
City	State	Zip	* City	State	Zip
9. NAMES AND ADDRESS Director Name	ES OF THE DIREC	TORS ("X" BOX FOR ATTA	CHMENT) Director Name		
David Arpin Street Address			Paul Arpin Street Address		
See Above	State	Zip	See Above	* State	Zip
Director Name		** * - *******	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZEI AUTHORIZED SHARES) (*X* BOX FOR ATTAC	HMENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
8,000 \$1.00 PAR	R VALUE		2,000	Common	\$1.00
			1		

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

	FILED	
File Date: _	2 100 1 0 2000	_
Check No.: _	APR 10507	_
Ву:	By COA	_
FOR SECRE	TARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this papers, including any accompanying schedules and statements, and that all statements contained netein are true and correct. Signature of Officer

David Arpin Print or Type Name of Officer

President

Title of Officer



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 1999

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ı	Filing	Perio	d: lanuar	v 1-March 1	•	Filing Fee: \$50.00

FORM MUST BE TYPED IN I	2. Name of Corpora	tion.					
1. Corporate 11) No. 97105		ation Services, in	c.				
Þýreg ames preiphliri			West Warwick	State RI	Zip 02893		
West Warwick Ind							
4. Business Phone No. (401) 828-8111		S. State of Incorpora RHODE ISL			6. SIC Code 6638		
7. Brief Description of the Chare Relocation Serv:		n Rhode Island					
8. NAMES AND ADDR	esses of the off	CERS ("X" BOX FOR AT	TACHMENT) L FILL IN SPACES E	EFORE USING ATTAC	HMENTS		
President Name David Arpin			Vice President Name Paul Arpin				
Street Address 115 Pheasant Dr:	ive		Street Address 257 Howland Road	d.			
City East Greenwich	State	02818	East Greenwich	State RI	02818		
Secretary Name David Arpin	• • • • • • • • • • • • • • • • • • • •	••••••••••••••••••••••••••••••••••••••	Treasurer Name Paul Arpin	• 1 1 1			
Street Address See Above	<u> </u>	, , ——— —	Street Address See Above				
City	State	Tzip	City	State	Zip		
9. NAMES AND ADDR	esses of the dir	ECTORS ("X" BOX FOR	ATTACHMENT) [FILL IN SPACE	S BEFORE USING ATT	ACHMENTS		
Director Name David Arpin			Director Name Paul Arpin				
Street Address See Above		.	Street Address See Above				
City	State	Zip	City	State	Zip		
Director Name		••••••	. Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
10. SHARES AUTHORI	ZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*)	X° BOX FOR ATTACHMEN	r) C		
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value		
- ·	-	· -					
8,000 \$1.00 PAR	VALUE		2,000	Common	\$1.00		
· ·					İ		
					1		

Under penalty of perjury, I declare and affirm that I have examined this copon, including any accompanying schedules and statements, and

	/ /	
File Date:	7/01/99	
Check No.:	38407	
Bv:	CL	
	ARY OF STATE USE ONLY	

that all statements contained herein are true and correct.



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
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation Arpin Relocation Services, Inc. 97105 ^{zip} 02893 City 3. 99' James Principal Mulren (O'Highway State West Warwick . West Warwick . Industrial . Park 4. Business Phone No. S. State of Incorporation 6. SIC Code 6638 **RHODE ISLAND** Relocation Services 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Paul Arpin David Arpin Street Address Street Address 257 Howland Road 115 Pheasant Drive City 02818 02818 RI East Greenwich East. Greenwich Secretary Name Treasurer Name Paul Arpin David Arpin Street Address Street Address See Above .See Above Zip State Zip State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Paul Arpin David Arpin Street Address Street Address See Above See Above Director Name **Director Name** Street Address Street Address City Zip City State Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) **AUTHORIZEI) SHARES** SZYAFE CEUZZI Number of Shares Class/Series Number of Shares Par Value Class/Series 2,000 Common \$1.00 8,000 \$1.00 PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined