

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company 1. ID No. 122506 Mountaincow, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation PRODUCES MARKETS 7 SELLS SOFTWARE RHODE ISLAND 7.ip 5. Principul office address PROVIDENCE RI 02906-328 THAYER STREET 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title JOSHUA M EISEN State Zip City Street Address 02906-. PROVIDENCE RI 328 THAYER STREET 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manager Name · Manager Name · Street Address Street Address State Zip City State Zip ·City Manager Name Manager Name Sircei Address ·Street Address Zip Cin State Zip State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 JAMES O. REAVIS, ESQ. 55 DORRANCE STREET, Suite 200 Address Zip **PROVIDENCE** 02903-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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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 Juthorized Person Date

Joshua M. Eisen

Print or Type Name of Authorized Person



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222,3040

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This report must be signed in ink by an authorized person pursuant to 7-16-66.

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Under penalty of perjury, I declare and his report, including any accompanyion and that all statements contained herei	ng schedules and statements,
ON C	10-29-04
ignature of Authorized Person	Date
Joshua M. Eisen	



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

401.222.3040

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5. Principal office address	Produ		4. Brief description of the character of the business which is actually conducted in Rhode Island					
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328 Thave			City	State	Zip			
328 Thayer Street 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAM			Providence D NAME OR TITLE OF CONTACT	RI PERSON:	02906			
Contact Name			Contact Title					
Joshua M. Eisen			Presiden	President				
Street Address			City	State	Zip			
328 Thaye	r Street		Providence	RI	02906			
ANY MODIFICATIONS TO MANAGERS REQUIRES F			Manager Name	:				
Sinci Addres		Street Address	Street Address					
City	State	Zip	City	State	ZIp			
Manager Name			Manager Name	Manager Name				
Street Address			Street Address					
City	State	Zip	City	State	Zip			
8. RESIDENT AGENT IN	RHODE ISLAND	DO NOT ALTER - C	Changes require filing of Form	642 - R.I.G.L. 7-16-13	1			
Agent Name			Address					
SANDRA MATRONE MAC	K, SEC.		HASLAW, LLC					
Address			Gity	Zq	Zip			
1500 FLEET CENTER			PROVIDENCE	PROVIDENCE 02903-				

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

* 1 2 2 5 0 6	Under penalty of perjury. I including any accompanyi
File Date FILED	contained herein are true a
Check No. 0CT 3 1 2003	Signature of Authorized Pers
FOR SECRETARY OF STATE USE ONLY	Joshua E Print or Type Name of Author

declare and affirm that I have examined this report, ng schedules and statements, and that all statements, nd correct.