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 OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
6009	MRM, INC.			
3. Street Address Principal Business Office		City	State	Zip
350 SEASIDE DR		JAMESTOWN	RI	02835
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401 423 3518	RHODE ISLAND			7880

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

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

President Name			Vice President Name		
CHARLOTTE M. ZARLENGO					
Street Address			Street Address		
350 SEASIDE DR					
City	State	Zip	City	State	Zip
JAMESTOWN	RI	02835			
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		
CHARLOTTE M. ZARLENGO					
Street Address			Street Address		
350 SEASIDE DR					
City	State	Zip	City	State	Zip
JAMESTOWN	RI	02835			
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*
100 NO PAR VALUE	COMMON		100	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.

Charlotte M. Zarlengo 1/3/05
Signature of Officer *Date*

CHARLOTTE M. ZARLENGO
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date 1/4/05
Check No. 4365
By: W.

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 630 Rev. 12/03

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 OR PRINTED IN BLACK)

1. Corporate ID No	2. Name of Corporation			
6009	MRM, INC.			
3. Street Address Principal Business Office		City	State	Zip
350 SEASIDE DR		JAMESTOWN	RI	02835
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401 423 3518	RHODE ISLAND			7880

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

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

President Name			Vice President Name		
CHARLOTTE M. ZARLENGO					
Street Address			Street Address		
350 SEASIDE DR					
City	State	Zip	City	State	Zip
JAMESTOWN	RI	02835			
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		
CHARLOTTE M. ZARLENGO					
Street Address			Street Address		
350 SEASIDE DR					
City	State	Zip	City	State	Zip
JAMESTOWN	RI	02835			
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
100 NO PAR VALUE	COMMON		100	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]

* 6 0 0 9 *

File Date 1-5-04
Check No. 4194
By: [signature]

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.

Charlotte M. Zarlengo 1/1/04
Signature of Officer *Date*

CHARLOTTE M. ZARLENGO 1/1/04
Print or Type Name of Officer

Pres.
Title of Officer

[redacted]

Form 630 Rev. 12/03

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

STOP
PLEASE READ INSTRUCTIONS

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.: 6009
2. Name of Corporation: MRM, INC.
3. Street Address Principal Business Office: 350 SEASIDE DR — City: JAMESTOWN — State: RI — Zip: 02835
4. Business Phone No.: 401 423 3518
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 7880
7. Brief Description of the Character of Business Conducted in Rhode Island: CONSULTING

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

President Name: CHARLOTTE M. ZARLENGO	Vice President Name:
Street Address: 350 SEASIDE DR	Street Address:
City: JAMESTOWN State: RI Zip: 02835	City: State: Zip:
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: CHARLOTTE M. ZARLENGO	Director Name:
Street Address: 350 SEASIDE DR	Street Address:
City: JAMESTOWN State: RI Zip: 02835	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100 NO PAR VALUE	COMMON	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	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]

* 6 0 0 9 *

File Date: 1-13-03

Check No.: 4006

By: DL

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.

Charlotte M. Zarlengo 1/9/03
Signature of Officer *Date*

CHARLOTTE M. ZARLENGO
Print or Type Name of Officer

PRESIDENT
Title of Officer

[redacted]

S

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

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 6009
2. Name of Corporation: MRM, INC.
3. Street Address Principal Business Office: 350 SEASIDE DR — City: Jamestown — State: RI — Zip: 02835
4. Business Phone No.: 423-3518
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 7880
7. Brief Description of the Character of Business Conducted in Rhode Island: CONSULTING

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

President Name: CHARLOTTE M. ZARLENGO
Street Address: 350 SEASIDE DR
City: Jamestown — State: RI — Zip: 02835

Vice President Name:
Street Address:
City — State — Zip

Secretary Name:
Street Address:
City — State — Zip

Treasurer Name:
Street Address:
City — State — Zip

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

Director Name: CHARLOTTE M. ZARLENGO
Street Address: 350 Seaside Dr
City: Jamestown — State: RI — Zip: 02835

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
100 NO PAR VALUE	COMMON	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR

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

* 6 0 0 9 *

File Date: 1-8-02

Check No.: 3815

By: [illegible]

FOR SECRETARY OF STATE USE ONLY

PAID
$50
1/7/02
#3815

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.

(/s/ Charlotte M Zarlengo) 1/7/02
Signature of Officer — Date

CHARLOTTE M. ZARLENGO
Print or Type Name of Officer

PRESIDENT
Title of Officer

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.: 6009
2. Name of Corporation: MRM, INC.
3. Street Address Principal Business Office: 350 SEASIDE DR — City: JAMESTOWN — State: RI — Zip: 02835
4. Business Phone No.: 423 3518
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 7880
7. Brief Description of the Character of Business Conducted in Rhode Island: CONSULTING

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

President Name	Vice President Name
CHARLOTTE ZARLENGO	
Street Address: 350 SEASIDE DR	Street Address:
City: JAMESTOWN State: RI Zip: 02835	City: State: Zip:
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
CHARLOTTE ZARLENGO	
Street Address: 350 SEASIDE DR	Street Address:
City: JAMESTOWN State: RI Zip: 02835	City: State: Zip:
Director Name	Director Name
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100 NO PAR VAL	COMMON	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	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]

* 6 0 0 9 *

File Date: 1/8

Check No.: 3638

By:

FOR SECRETARY OF STATE USE ONLY

PAID $50.00 1/5/01 #3638

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.

Charlotte Zarlengo — 1/5/01
Signature of Officer — *Date*

Charlotte Zarlengo
Print or Type Name of Officer

President
Title of Officer

[redacted]

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.	2. Name of Corporation
6009	MRM, INC.

3. Street Address Principal Business Office	City	State	Zip
350 SEASIDE DR	JAMESTOWN	RI	02835

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401 423 3518	RHODE ISLAND	7880

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

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

President Name	Vice President Name
CHARLOTTE M. ZARLENGO	
Street Address	Street Address
350 SEASIDE DR	
City / State / Zip	City / State / Zip
JAMESTOWN / RI / 02835	
Secretary Name	Treasurer Name
CHARLOTTE M. ZARLENGO	
Street Address	Street Address
350 SEASIDE DR	
City / State / Zip	City / State / Zip
JAMESTOWN / RI / 02835	

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

Director Name	Director Name
CHARLOTTE M. ZARLENGO	
Street Address	Street Address
350 SEASIDE DR	
City / State / Zip	City / State / Zip
JAMESTOWN / RI / 02835	
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
100 NO PAR VAL	COMMON	

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR

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

[redacted]

* 6009 *

File Date: 12/30/99

Check No.: 3460

By: GBB

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.

Charlotte M. Zarlengo 12/29/99
Signature of Officer *Date*

CHARLOTTE M. ZARLENGO
Print or Type Name of Officer

PRESIDENT
Title of Officer

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

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ~~1999~~

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
6009	MRM, INC.			
3. Street Address Principal Business Office		City	State	Zip
350 SEASIDE DR		JAMESTOWN	RI	02835
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-423-3518	RHODE ISLAND			7880

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

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

President Name			Vice President Name		
CHARLOTTE M. ZARLENGO					
Street Address			Street Address		
350 SEASIDE DR					
City	State	Zip	City	State	Zip
JAMESTOWN	RI	02835			
Secretary Name			**Treasurer Name**		
CHARLOTTE M. ZARLENGO					
Street Address			Street Address		
350 SEASIDE DR					
City	State	Zip	City	State	Zip
JAMESTOWN	RI	02835			

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

Director Name			Director Name		
CHARLOTTE M. ZARLENGO					
Street Address			Street Address		
350 SEASIDE DR					
City	State	Zip	City	State	Zip
JAMESTOWN	RI	02835			
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
100 NO PAR VAL	COMMON		100	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]

* 6 0 0 9 *

File Date: 1-1-99

Check No.: 3276

By: AMF

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.

Charlotte M. Zarlengo 12/25/98
Signature of Officer *Date*

CHARLOTTE M. ZARLENGO 12/25/98
Print or Type Name of Officer

PRESIDENT
Title of Officer

[redacted]

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

STOP
PLEASE READ
INSTRUCTIONS

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. **6009**

2. Name of Corporation **MRM, INC.**

3. Street Address Principal Business Office 350 SEASIDE DR

City JAMESTOWN *State* RI *Zip* 02835

4. Business Phone No. 401-423-3518

5. State of Incorporation **RHODE ISLAND**

6. SIC Code **7880**

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

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name CHARLOTTE M. ZARLENGO
Street Address 350 SEASIDE DR.
City JAMESTOWN *State* RI *Zip* 02835

Vice President Name
Street Address
City *State* *Zip*

Secretary Name CHARLOTTE M. ZARLENGO
Street Address 350 SEASIDE DR
City JAMESTOWN *State* RI *Zip* 02835

Treasurer Name
Street Address
City *State* *Zip*

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

Director Name CHARLOTTE M. ZARLENGO
Street Address 350 SEASIDE DR.
City JAMESTOWN *State* RI *Zip* 02835

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*
100 NO PAR VAL	COMMON	

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	COMMON	NO PAR

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

[redacted]

* 6 0 0 9 *

File Date: 1.1.98

Check No.: 3147

By: VP

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.

Charlotte M. Zarlengo
Signature of Officer *Date*

CHARLOTTE M. ZARLENGO
Print or Type Name of Officer

PRESIDENT
Title of Officer

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

AMENDED

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

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 6009

2. Name of Corporation MRM INC

3. Street Address Principal Business Office 350 SEASIDE DR.

City JAMESTOWN *State* RI *Zip* 02835

4. Business Phone No. 401-423-3518

5. State of Incorporation RI

6. SIC Code 7880

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

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name CHARLOTTE M. ZARLENGO
Street Address 350 SEASIDE DR
City JAMESTOWN *State* RI *Zip* 02835

Vice President Name
Street Address
City *State* *Zip*

Secretary Name CHARLOTTE M. ZARLENGO
Street Address 350 SEASIDE DR.
City JAMESTOWN *State* RI *Zip* 02835

Treasurer Name
Street Address
City *State* *Zip*

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

Director Name CHARLOTTE M. ZARLENGO
Street Address 350 SEASIDE DR
City JAMESTOWN *State* RI *Zip* 02835

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
100	NO PAR VALUE COMMON.		100	COMMON	NO PAR

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

[redacted]

File Date: 5/27/97

Check No.: Amended no fee

By: ICP

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.

Charlotte M. Zarlengo 5/21/97
Signature of Officer *Date*

CHARLOTTE M. ZARLENGO
Print or Type Name of Officer

PRESIDENT
Title of Officer

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

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
6009	MRM, INC.

3. Street Address Principal Business Office	City	State	Zip
350 SEASIDE DR	JAMESTOWN	RI	02835

4. Business Phone No.	5. State of Incorporation	6. SIC Code
	RHODE ISLAND	7880

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

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*) ☐

President Name	Vice President Name
DR. FELIX JUAN ZARLENGO	CHARLOTTE M. ZARLENGO
Street Address: 350 SEASIDE DR	Street Address: 350 SEASIDE DR
City: JAMESTOWN State: RI Zip: 02835	City: JAMESTOWN State: RI Zip: 02835
Secretary Name	**Treasurer Name**
DR. FELIX JUAN ZARLENGO	CHARLOTTE M. ZARLENGO
Street Address: SAME	Street Address: SAME
City: State: Zip:	City: State: Zip:

9. NAMES AND ADDRESSES OF THE DIRECTORS (*"X" BOX FOR ATTACHMENT*) ☐

Director Name	Director Name
DR FELIX JUAN ZARLENGO	
Street Address: 350 SEASIDE DR	Street Address:
City: JAMESTOWN State: RI Zip: 02835	City: State: Zip:
Director Name	**Director Name**
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VAL	COMMON		100	COMMON	NO PAR VALUE

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

* 6 0 0 9 *

File Date: 1/13/97

Check No.: 3042

By: CCT WLC

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.

Dr Felix J Zarlengo — 12/24/96
Signature of Officer — *Date*

FELIX JUAN ZARLENGO
Print or Type Name of Officer

PRESIDENT
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996

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

State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

PR chk # 2870 $50. 12/20/95

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.	2. NAME OF CORPORATION
6009	MRM, INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
350 SEASIDE DRIVE	JAMESTOWN	RI	02835

4. BUSINESS PHONE NO.	5. STATE OF INCORPORATION	6. SIC CODE
423 3518	RHODE ISLAND	7880

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
CONSULTING

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
DR. FELIX JOHN ZARLENGO	350 SEASIDE DR	JAMESTOWN	RI	02835

VICE PRESIDENT NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
SAME				

SECRETARY NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
SAME				

TREASURER NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
SAME				

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
DR. FELIX JOHN ZARLENGO	350 SEASIDE DR	JAMESTOWN	RI	02835

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
100 NO PAR VAL			100 PAR NO VAL		

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 this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Felix John Zarlengo
Signature of Officer

FELIX JOHN ZARLENGO
Print or Type Name of Officer

President — 12-20-95
Title of Officer — Date

File Date: 1/1/96
Check No: 2870
By: CCT/CP

For Secretary of State Use Only

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

ANNUAL REPORT
Please Type or Print
File Annually – Jan. 1 - March 1
Filing Fee $50.00
Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0006009 Annual Report for the year: 1995

Name of Corporation: MRM, INC.

Business entity organized under the laws of the State of: RI

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
350 Seaside Dr
Jamestown RI 02835

Phone: (401) 423 3518

Business Entity is (check one):
[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:
DR. FELIX JOHN ZARLENGO
350 Seaside Dr
Jamestown RI 02835

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
DR. FELIX JOHN ZARLENGO	350 SEASIDE DR	JAMESTOWN RI	02835
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
"	"	"	"
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
"	"	"	"
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
"	"	"	"

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
DR FELIX JOHN ZARLENGO	350 Seaside Dr	Jamestown RI	02835
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
100	Common No Par	100	Common No Par

Date Jan 1, 19 95

By: FELIX John ZARLENGO PRES
PRINT OR TYPE NAME OF OFFICER SIGNING
TITLE OF OFFICER SIGNING PRESIDENT MRM INC

Form 81 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

DR. FELIX JOHN ZARLENGO
350 SEASIDE DRIVE
JAMESTOWN RI 02835

JAN SC/d #2688

pd 50$ 12/20/94 Chk # 2688

Filing Fee $50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations

Office of The Secretary of State

100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0006009 Annual Report for the year: 1994

Name of Business Entity: MRM, INC.

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number [redacted]

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

350 SEASIDE DR
JAMESTOWN RI 02835

Phone: (401) 423-3518

Business Entity is (check one):

[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)
[ ] Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

DR. FELIX John ZARLENGO
350 Seaside Dr.
Jamestown RI 02835

Brief statement of the character of business conducted in Rhode Island

Consultant - Bus. & Education

Date of Organization: 1988

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check One)	DR. FELIX JOHN ZARLENGO	350 SEASIDE DR	JAMESTOWN	RI 02835
☐ CHIEF OPERATING OFFICER OR ☒ VICE PRESIDENT (Check One)	"	"	"	"
☐ CUSTODIAN OF RECORDS OR ☒ SECRETARY (Check One)	"	"	"	"
☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (Check One)	"	"	"	"

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
FELIX John ZARLENGO	350 SEASIDE DR	Jamestown	RI 02835

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 100	NUMBER 100
CLASS Common	CLASS Common
SERIES	SERIES
PAR VALUE OR WITHOUT PAR No Par	PAR VALUE OR WITHOUT PAR No Par

Date Feb 7 19 94

By: [signature] Pres

FELIX John ZARLENGO, Pres.
PRINT OR TYPE NAME OF OFFICER SIGNING

President MRM Inc
TITLE OF OFFICER SIGNING

FILED
FEB 9 1994
By MM. 2503

Form 31 - 94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

DR. FELIX JOHN ZARLENGO
350 SEASIDE DRIVE
JAMESTOWN RI 02835

Check # 2503

Filing Fee $50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0006009 Annual Report for the year 1993

FIRST: The name of the corporation is MRM INC

SECOND: It is incorporated under the laws of RI

PAID
MAR 08 1993
SEC'Y OF STATE

THIRD: Character of business, briefly stated, is CONSULTING

FOURTH: If foreign corporation, address of its principal office. CP# 2338

FIFTH: Business address in Rhode Island 350 SEASIDE DR
JAMESTOWN RI 02835

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
FELIX JOHN ZARLENGO	Director	350 SEASIDE DR
"	President	"
"	Vice President	"
"	Secretary	"
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		NO PAR

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		NO PAR

Dated March 1 1993

MRM
(Name of Corporation)

By John J. Zarlenga

Title Pres

(Report must be signed by an officer)

Form 31 7/85

Filing Fee $50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

WS 2094

Corporate ID 0006002 Annual Report for the year 1992

FIRST: The name of the corporation is MRM, INC

SECOND: It is incorporated under the laws of R.I

THIRD: Character of business, briefly stated, is Consulting

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 350 Seaside Dr
Jamestown RI 02835

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
F. John ZARLENGO	Director	350 Seaside Dr Jamestown RI 02835
"	Director	"
"	Director	"
"	President	"
"	Vice President	"
"	Secretary	"
"	Treasurer	"

PAID
FEB 19 1992
SEC'Y OF STATE

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		No Par

Dated Feb 15 1992

MRM Inc
(Name of Corporation)

By F Barlengo

Title President

(Report must be signed by an officer)

Form 3 1/85

Filing Fee $50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID ..... 0006009 ..... Annual Report for the year ..... 1991 .....

FIRST: The name of the corporation is ..... MRM, INC. .....

SECOND: It is incorporated under the laws of ..... RHODE ISLAND .....

THIRD: Character of business, briefly stated, is ..... CONSULTING .....

FOURTH: If foreign corporation, address of its principal office .....

FIFTH: Business address in Rhode Island ..... 350 SEASIDE DR. JAMESTOWN RI 02835 .....

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
FELIX JOHN ZARLENGO	President	350 SEASIDE DR. JAMESTOWN RI 02835
"	Vice President	"
"	Secretary	"
"	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	COMMON		NO PAR

PAID
JAN 28 1991
CITY OF STA

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	COMMON		NO PAR

Dated ..... January 22 ..... 19 91 .....

MRM
(Name of Corporation)

By ..... Felix John Zarlengo .....

Title ..... PRESIDENT .....

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

C-2

Corporate ID 0005009 Annual Report for the year 1990

FIRST: The name of the corporation is MRM, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is CONSULTING

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 350 SEASIDE DR JAMESTOWN RI 02835

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
FRANK JOHN ZARLENGO	President	350 SEASIDE DR JAMESTOWN RI 02835
"	Vice President	"
"	Secretary	"
"	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	COMMON		NO PAR

FEB 05 1990

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	COMMON		NO PAR

Dated Feb 5 1990

MRM
(Name of Corporation)

By Frank John Zarlengo

Title PRESIDENT

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0006009 Annual Report for the year 1989

FIRST: The name of the corporation is MRM, INC

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Consulting

FOURTH: If foreign corporation, address of its principal office —

FIFTH: Business address in Rhode Island 350 SEASIDE DR JAMESTOWN RI 02835

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
FELIX K. JOHN ZARLENGO	President	350 SEASIDE DR JAMESTOWN RI 02835
"	Vice President	"
"	Secretary	"
"	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	COMMON		NO PAR

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	COMMON		NO PAR

PAID
FEB 16 1989
SEC'Y OF STATE

Dated Feb 15 19 89

MRM Inc
(Name of Corporation)

By Felix John Zarlengo

Title PRESIDENT

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 6009 Annual Report for the year 1988

FIRST: The name of the corporation is MRM, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is CONSULTING

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island NARROW LANE EXETER RI 02822

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Felix J. Zarlenga	President	Narrow Ln Exeter RI 02822
"	Vice President	"
"	Secretary	"
"	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		NO PAR

PAID
FEB 10 1988
SEC'Y. OF STATE

FEB 16 1988

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	COMMON		NO PAR

Dated Feb 1 1988

MRM Inc
(Name of Corporation)

By Felix John Zarlenga

Title PRESIDENT

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 6009 Annual Report for the year 1987

FIRST: The name of the corporation is MRM, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is CONSULTING

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island NARROW LANE EXETER 02822

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
FELIX J. ZARLENGO	President	NARROW LANE EXETER 02822
"	Vice President	"
"	Secretary	"
"	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	COMMON		NO PAR

PAID
JAN 15 1987
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	COMMON		NO PAR

Dated Jan 13 1987

MRM Inc
(Name of Corporation)

By Felix J Zarlengo

Title PRESIDENT

(Report must be signed by an officer)

MAR 20 ENT'D

JAN 23 ENT'D

Form 31 1/85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

6009

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID [redacted]05F03988[illegible] Annual Report for the year 1986

FIRST: The name of the corporation is MRM, INC. — MANAGEMENT RESEARCH MARKETING

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is CONSULTING

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island NARROW LANE
EXETER RI 02822 C/O DR. F. J. ZARLENGO

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
FELIX J. ZARLENGO	President	NARROW LANE EXETER RI 02822
FELIX J. ZARLENGO	Vice President	NARROW LANE EXETER RI 02822
FELIX J. ZARLENGO	Secretary	NARROW LANE EXETER RI 02822
FELIX J. ZARLENGO	Treasurer	NARROW LANE EXETER RI 02822

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	COMMON		NO PAR

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	COMMON		NO PAR

02/20/86 $AID
ANRE CHEK 1147A001 15.00 15.00

MAR 17 1986

Dated FEB 10 1986 MRM INC - Mgement Res Mktng
(Name of Corporation)

By Felix John Zarlengo

(Report must be signed by an officer) Title PRESIDENT

Form 31 1/85

Filing fee: $15.00

To be filed annually
between January 1st and March 1st ✓

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT
OF

6069

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is MANAGEMENT RESEARCH & MARKETING ~~INC~~ (MRM INC)

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: The address of its registered office in Rhode Island is [redacted] NARROW LANE EXETER RI 02822

and the name of its registered agent in Rhode Island at such address is DR. FELIX JOHN ZARLENGO

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is CONSULTING SERVICES

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
	Director	
	Director	
	Director	
	Director	
	Director	
	Director	
FELIX J. ZARLENGO	President	NARROW LANE EXETER RI 02822
FELIX J. ZARLENGO	Vice President	"
FELIX J. ZARLENGO	Secretary	"
FELIX J. ZARLENGO	Treasurer	"

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100	COMMON		NO PAR

02/14/85 PAID
ANRE CHEK 0685A001
15.00
15.00

Form 31 8-79

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100	COMMON		NO PAR

Dated JAN 30, 1985

MRM INC
(NAME OF CORPORATION)

By Felix John Zarbock

Its President

Filing fee: $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1983

FIRST: The name of the corporation is MRM, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is Consulting services

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) Narrow Lane, Exeter, Rhode Island 02822

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Felix J. Zarlengo	President	Narrow Lane, Exeter, R.I. 02822
Felix J. Zarlengo	Vice President	Narrow Lane, Exeter, R.I. 02822
Felix J. Zarlengo	Secretary	Narrow Lane, Exeter, R.I. 02822
Felix J. Zarlengo	Treasurer	Narrow Lane, Exeter, R.I. 02822

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	COMMON		NO PAR

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	COMMON		NO PAR

Dated: Feb 15 1984

FEB 28 1984

MRM, INC.
(Name of Corporation)

By Felix J. Zarlengo

Title President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

FORM 31 11-82

Filing fee: $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1983

FIRST: The name of the corporation is MRM, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is management, research and marketing consultants in both public and private sectors

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) Narrow Lane, Exeter, Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
F. John Zarlengo	Director	Narrow Lane, Exeter, Rhode Island
Ronald L. DiOrio	Director	Hartford Pike, No. Scituate, R. I.
	Director	
F. John Zarlengo	President	Narrow Lane, Exeter, Rhode Island
Ronald L. DiOrio	Vice President	Hartford Pike, No. Scituate, R. I.
Ronald L. DiOrio	Secretary	Hartford Pike, No. Scituate, R. I.
F. John Zarlengo	Treasurer	Narrow Lane, Exeter, Rhode Island

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		no par value

Dated: January 7 1983

1 10 83

MRM, INC.
(Name of Corporation)

By Ronald L. DiOrio

Title Asst. Secretary

(Report must be signed by an officer)

JAN 10 1983

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Form 31 — 10-81