



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. 106511		2. Name of Corporation Landion Corporation	
3. Street Address Principal Business Office 133 E. KILLINGLY ROAD		City FOSTER	State RI
4. Business Phone No. 4015294781		5. State of Incorporation RHODE ISLAND	
6. SIC Code 7286			

7. Brief Description of the Character of Business Conducted in Rhode Island
SOFTWARE ENGINEERING AND ALL OTHER LAWFUL PURPOSES

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

President Name Harold Lawton			Vice President Name Harold Lawton		
Street Address 133 E. Killingly Rd.			Street Address 133 E. Killingly Rd.		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
Secretary Name Harold Lawton			Treasurer Name Harold Lawton		
Street Address 133 E. Killingly Rd.			Street Address 133 E. Killingly Rd.		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825

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

Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
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
5,000	COMM NO PAR VALUE		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



1 0 6 5 1 1

106511 DBC 01/27/05 12:06:40 PM

File Date 1-31-05

Check No. 1595

By: S.C.

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.

Harold R Lawton 1/27/05
Signature of Officer Date

Harold R Lawton
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 106511		2. Name of Corporation Landion Corporation			
3. Street Address Principal Business Office 133 E. KILLINGLY ROAD			City FOSTER	State RI	Zip 02825-
4. Business Phone No. 4015294781		5. State of Incorporation RHODE ISLAND			6. SIC Code 7286
7. Brief Description of the Character of Business Conducted in Rhode Island SOFTWARE ENGINEERING.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Harold R Lawton			Vice President Name Harold R Lawton		
Street Address 133 E. Killingly Rd.			Street Address 133 E. Killingly Rd.		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
Secretary Name Harold R Lawton			Treasurer Name Harold R Lawton		
Street Address 133 E. Killingly Rd.			Street Address 133 E. Killingly Rd.		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5,000 COMM NO PAR VALUE			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



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106511 DBC 01/30/04 07:20:21 AM

File Date 2.2.04

Check No. 1556

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.

[Signature] 1/29/04
Signature of Officer Date

Harold R Lawton
Print or Type Name of Officer

President
Title of Officer



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. *106511* 2. Name of Corporation Landion Corporation

3. Street Address Principal Business Office 133 E. KILLINGLY ROAD City FOSTER State RI Zip 02825-

4. Business Phone No. 4015294781 5. State of Incorporation RHODE ISLAND 6. SIC Code 7518

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

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

President Name Harold R. Lawton Vice President Name Harold R. Lawton

Street Address 133 E. Killingly Rd. Street Address 133 E. Killingly Rd.

City Foster State RI Zip 02825 City Foster State RI Zip 02825

Secretary Name Harold R. Lawton Treasurer Name Harold R. Lawton

Street Address 133 E. Killingly Rd. Street Address 133 E. Killingly Rd.

City Foster State RI Zip 02825 City Foster State RI Zip 02825

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

Director Name N/A Director Name N/A

Street Address Street Address

City State Zip City State Zip

Director Name N/A Director Name N/A

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
5,000	COMM NO PAR VALUE		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



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**106511* 2/6/032:31:33 PM*
FILED
File Date FEB 27 2003
Check No.
By: BV GMA 1480
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 Harold R. Lawton Date 2/25/03
Print or Type Name of Officer
President
Title of Officer



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. **106511** 2. Name of Corporation **Landion Corporation**
3. Street Address Principal Business Office **133 E. KILLINGLY RD.** City **FOSTER** State **RI** Zip **02825**
4. Business Phone No. **401-529-4781** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7286**
7. Brief Description of the Character of Business Conducted in Rhode Island
CONSULTING, INCLUDING SOFTWARE ENGINEERING AND MANUFACTURING AUTOMATION

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

President Name HAROLD R LAWTON	Vice President Name HAROLD R LAWTON
Street Address 133 E. KILLINGLY RD.	Street Address 133 E. KILLINGLY RD.
City FOSTER State RI Zip 02825	City FOSTER State RI Zip 02825
Secretary Name HAROLD R LAWTON	Treasurer Name HAROLD R LAWTON
Street Address 133 E. KILLINGLY RD.	Street Address 133 E. KILLINGLY RD.
City FOSTER State RI Zip 02825	City FOSTER State RI Zip 02825

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

Director Name N/A	Director Name N/A
Street Address N/A	Street Address N/A
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Director Name N/A	Director Name N/A
Street Address N/A	Street Address N/A
City _____ State _____ Zip _____	City _____ State _____ Zip _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES
Number of Shares Class/Series Par Value
5,000 COMM NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
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



File Date: 3-1-02
Check No.: 1376
By: [Signature]

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: 2/27/02
Print or Type Name of Officer: HAROLD R LAWTON
Title of Officer: PRESIDENT



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **106511** 2. Name of Corporation **Landion Corporation**

3. Street Address Principal Business Office **133 E. Killingly Rd.** City **Foster** State **RI** Zip **02825**

4. Business Phone No. **401-647-7969** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7288**

7. Brief Description of the Character of Business Conducted in Rhode Island
Consulting, Including Software Engineering and Manufacturing Automation

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

President Name **Harold R. Lawton**
Street Address **133 E. Killingly Rd.**
City **Foster** State **RI** Zip **02825**

Vice President Name **Harold R. Lawton**
Street Address **133 E. Killingly Rd.**
City **Foster** State **RI** Zip **02825**

Secretary Name **Harold R. Lawton**
Street Address **133 E. Killingly Rd.**
City **Foster** State **RI** Zip **02825**

Treasurer Name **Harold R. Lawton**
Street Address **133 E. Killingly Rd.**
City **Foster** State **RI** Zip **02825**

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

Director Name **N/A**
Street Address
City State Zip

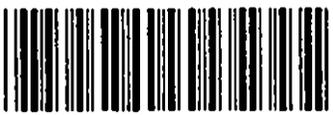
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	5,000	COMM NO	PAR VALUE

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	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



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3/5

File Date: _____

Check No.: **1230**

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.

[Signature] **Pres** **2/28/01**
Signature of Officer Date

Harold R. Lawton, Pres
Print or Type Name of Officer

President
Title of Officer



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. **106511** 2. Name of Corporation **Landion Corporation**
3. Street Address Principal Business Office **133 E. Killingly Rd.** City **Foster** State **RI** Zip **02825**
4. Business Phone No. **401-647-7969** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7286**

7. Brief Description of the Character of Business Conducted in Rhode Island
Consulting, including Software Engineering and Manufacturing Automation

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

President Name Harold R Lawton, Pres	Vice President Name Harold R. Lawton
Street Address 133 E. Killingly Rd.	Street Address 133 E. Killingly Rd.
City Foster State RI Zip 02825	City Foster State RI Zip 02825
Secretary Name Harold R Lawton	Treasurer Name Harold R Lawton
Street Address 133 E. Killingly Rd	Street Address 133 E. Killingly Rd
City Foster State RI Zip 02825	City Foster State RI Zip 02825

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

Director Name NONE	Director Name NONE
Street Address	Street Address
City State Zip	City State Zip
Director Name NONE	Director Name NONE
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
5,000 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
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



* 1 0 6 5 1 1 *

File Date: 2/18/00
Check No.: 1079
By: [Signature]

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] 2/16/00
Signature of Officer Date
Harold R Lawton
Print or Type Name of Officer
President
Title of Officer