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			
63813	J. McGwin & Associates, Inc.			
3. Street Address Principal Business Office: 412 Chimney Rock Dr		City: North Kingstown	State: RI	Zip: 02852
4. Business Phone No.: 401 884-4802	5. State of Incorporation: RHODE ISLAND			6. SIC Code: 7286

7. Brief Description of the Character of Business Conducted in Rhode Island
OPERATION SYSTEMS AND FINANCIAL CONSULTANTS.

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

President Name	Vice President Name
James E. McGwin, Jr	
Street Address: (Same as Above)	Street Address
City / State / Zip	City / State / Zip
Secretary Name: Julia L. McGwin	Treasurer Name: James E. McGwin, Jr
Street Address: (same as above)	Street Address: (same as above)
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
James E. McGwin, Jr	
Street Address: (Same as above)	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*
1,000 $.10 PAR VALUE	common		1,000	common	$.10 par value

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.

Signature of Officer — *Date*: 2/16/05

James E. McGwin, Jr
Print or Type Name of Officer

President
Title of Officer

[redacted]

File Date: 2-23-05
Check No.: 1087
By: Dc

FOR SECRETARY OF STATE USE ONLY

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			
63813	J. McGwin & Associates, Inc.			
3. Street Address Principal Business Office: 412 Chimney Rock		City: N. Kingstown	State: RI	Zip: 02852
4. Business Phone No.: 401 884 4802	5. State of Incorporation: RHODE ISLAND			6. SIC Code: 7286

7. Brief Description of the Character of Business Conducted in Rhode Island
OPERATION SYSTEMS AND FINANCIAL CONSULTANTS.

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

President Name: James McGwin	Vice President Name: None
Street Address: Same as above	Street Address
City / State / Zip	City / State / Zip
Secretary Name: Julia McGwin	Treasurer Name: James McGwin
Street Address: Same as above	Street Address: Same as above
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: 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)* ☐ 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*
1,000 $.10 PAR VALUE			500		.10

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

[redacted] [redacted]

* 6 3 8 1 3 *

File Date 2/26/04
Check No. 1082
By: SE

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 — *Date* 2/26/04

Print or Type Name of Officer James McGwin

[redacted]

Title of Officer President

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.: 63813
2. Name of Corporation: J. McGwin & Associates, Inc.
3. Street Address Principal Business Office: 412 Chimney Rock
   City: N. Kingstown State: RI Zip: 02852
4. Business Phone No.: 401 884 4882
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 7286
7. Brief Description of the Character of Business Conducted in Rhode Island: Professional corporation

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

President Name: James E. McGwin, JR
Street Address: 412 Chimney Rock
City: N. Kingstown State: RI Zip: 02852

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

Secretary Name: Julia L. McGwin
Street Address: (SAME)
City: State: Zip:

Treasurer Name: James E. McGwin JR.
Street Address: (SAME)
City: State: Zip:

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

Director Name: James E. McGwin, JR.
Street Address: (SAME)
City: State: Zip:

Director Name: Julia L. McGwin
Street Address:
City: Same 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
1,000 $.10 PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1000	A	.10

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

* 6 3 8 1 3 *

File Date: 2.26.03

Check No.: 754

By: JL

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 — Date

James E. McGwin, JR
Print or Type Name of Officer

President/Treasurer
Title of Officer

Form 630 12/02

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.: 63813
2. Name of Corporation: J. McGwin & Associates, Inc.
3. Street Address Principal Business Office: 412 Chimney Rock — City: N Kingstown — State: RI — Zip: 02852
4. Business Phone No.: 401 884 4802
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 7286
7. Brief Description of the Character of Business Conducted in Rhode Island: Consultants

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

President Name: James McGwin
Street Address: Same as Above
City / State / Zip:

Vice President Name: None
Street Address:
City / State / Zip:

Secretary Name: John McGwin
Street Address: Same as above
City / State / Zip:

Treasurer Name: James McGwin
Street Address: Same as Abov
City / State / Zip:

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: No
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
1,000		$.10 PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
500		.10

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

* 6 3 8 1 3 *

File Date: 2-26-02
Check No.: 212
By: [illegible]
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] 2/26/02
Signature of Officer *Date*

James McGwin
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.: 63813
2. Name of Corporation: J. McGwin & Associates, Inc.
3. Street Address Principal Business Office: 412 CHIMNEY ROCK DRIVE — City: N. KINGSTOWN — State: RI — Zip: 02852
4. Business Phone No.: (401) 884-4002
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 7286
7. Brief Description of the Character of Business Conducted in Rhode Island: OPERATIONS SYSTEMS CONSULTANTS

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

President Name: JULIA L. MCGWIN
Street Address: 412 CHIMNEY ROCK DR.
City: N. KINGSTOWN — State: RI — Zip: 02852

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

Secretary Name: JULIA L. MCGWIN
Street Address: 412 CHIMNEY ROCK DR.
City: N. KINGSTOWN — State: RI — Zip: 02852

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: JULIA L. MCGWIN
Street Address: 412 CHIMNEY ROCK DR.
City: N. KINGSTOWN — State: RI — Zip: 02852

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
1,000 SHS		$.10 PAR VAL

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1,000	COMMON	$.10

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

[redacted]

* 6 3 8 1 3 *

File Date: 3-22-01

Check No.: 5881

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] 3/21/01
Signature of Officer *Date*

JULIA L. MCGWIN
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 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
63813	J. McGwin & Associates, Inc.

3. Street Address Principal Business Office	City	State	Zip
412 CHIMNEY ROCK DRIVE	N. KINGSTOWN	RI	02852

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(401) 884-4802	RHODE ISLAND	7286

7. Brief Description of the Character of Business Conducted in Rhode Island
OPERATIONS SYSTEMS AND FINANCIAL CONSULTANTS

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

President Name	Vice President Name
JULIA L. McGWIN	
Street Address: 412 CHIMNEY ROCK DR.	Street Address
City: N. KINGSTOWN State: RI Zip: 02852	City State Zip
Secretary Name: JULIA L. McGWIN	Treasurer Name
Street Address: 412 CHIMNEY ROCK DR.	Street Address
City: N. KINGSTOWN State: RI Zip: 02852	City State Zip

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

Director Name	Director Name
JULIA L. McGWIN	
Street Address: 412 CHIMNEY ROCK DR.	Street Address
City: N. KINGSTOWN State: RI Zip: 02852	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
1,000	SHS	$.10 PAR VAL	1,000	COMMON	$.10

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

[redacted]

* 6 3 8 1 3 *

File Date: 1/27/00

Check No.: 4841

By: [redacted]

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.

Julia L. McGwin — 1/10/00
Signature of Officer — Date

JULIA L. McGWIN
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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 63813
2. Name of Corporation: J. McGwin & Associates, Inc.
3. Street Address Principal Business Office: 412 CHIMNEY ROCK DRIVE — City: NORTH KINGSTOWN — State: RI — Zip: 02852
4. Business Phone No.: (401) 884-4802
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 7286
7. Brief Description of the Character of Business Conducted in Rhode Island: OPERATION SYSTEMS CONSULTANTS

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

President Name: JULIA L. McGWIN	Vice President Name:
Street Address: 412 CHIMNEY ROCK DRIVE	Street Address:
City: N. KINGSTOWN State: RI Zip: 02852	City: State: Zip:
Secretary Name: JULIA L. McGWIN	Treasurer Name:
Street Address: 412 CHIMNEY ROCK DRIVE	Street Address:
City: N. KINGSTOWN State: RI Zip: 02852	City: State: Zip:

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

Director Name: JULIA L. McGWIN	Director Name:
Street Address: 412 CHIMNEY ROCK DRIVE	Street Address:
City: N. KINGSTOWN State: RI Zip: 02852	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
1,000 SHS	$.10 PAR VAL COMMON	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1,000	COMMON	$.10

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

[redacted] [redacted]

* 6 3 8 1 3 *

File Date: Feb 2, 99

Check No.: 41329

By: JD

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.

Julia L. McGwin — 1/24/99
Signature of Officer — *Date*

JULIA L. McGWIN
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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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			
63813	J. McGwin & Associates, Inc.			
3. Street Address Principal Business Office		City	State	Zip
412 CHIMNEY ROCK DRIVE		NORTH KINGSTOWN	RI	02852
4. Business Phone No.	5. State of Incorporation			6. SIC Code
(401) 884-4802	RHODE ISLAND			7286

7. Brief Description of the Character of Business Conducted in Rhode Island
OPERATIONS SYSTEMS AND FINANCIAL CONSULTANTS

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

President Name			Vice President Name		
JULIA L. McGWIN					
Street Address			Street Address		
412 CHIMNEY ROCK DRIVE					
City	State	Zip	City	State	Zip
N. KINGSTOWN	RI	02852			
Secretary Name			Treasurer Name		
JULIA L. McGWIN					
Street Address			Street Address		
412 CHIMNEY ROCK DRIVE					
City	State	Zip	City	State	Zip
N. KINGSTOWN	RI	02852			

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

Director Name			Director Name		
JULIA L. McGWIN					
Street Address			Street Address		
412 CHIMNEY ROCK DRIVE					
City	State	Zip	City	State	Zip
N. KINGSTOWN	RI	02852			
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
1,000 SHS $.10 PAR VAL					
1000	Common	$.10	1000	Common	$.10

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

[redacted]

* 6 3 8 1 3 *

File Date: 3.13.98
Check No.: 3726
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.

Signature of Officer — Date: 3/10/98

JULIA L. McGWIN
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.: **63813**
2. Name of Corporation: **J. McGwin & Associates, Inc.**
3. Street Address Principal Business Office: 412 Chimney Rock Drive — City: N. Kingstown — State: RI — Zip: 02852
4. Business Phone No.: (401) 884-4802
5. State of Incorporation: **RHODE ISLAND**
6. SIC Code: **7286**
7. Brief Description of the Character of Business Conducted in Rhode Island: Operations Systems and Financial Consultants

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

President Name: Julia L. McGwin
Street Address: 412 Chimney Rock Drive
City: N. Kingstown — State: RI — Zip: 02852

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

Secretary Name: Julia L. McGwin
Street Address: 412 Chimney Rock Drive
City: N. Kingstown — State: RI — Zip: 02852

Treasurer Name:
Street Address:
City — State — Zip

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

Director Name: Julia L. McGwin
Street Address: 412 Chimney Rock Drive
City: N. Kingstown — State: RI — Zip: 02852

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*
1,000 SHS $.10 PAR VAL			None		

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

* 6 3 8 1 3 *

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.

Julia L. McGwin — 2/14/97
Signature of Officer — *Date*

Julia L. McGwin
Print or Type Name of Officer

President
Title of Officer

File Date: 3.4.97

Check No.: 3206

By:

FOR SECRETARY OF STATE USE ONLY

PROFIT CORPORATON 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

PLEASE TYPE OR PRINT IN BLACK INK.

1 CORPORATE ID NO: 63813
05-0460146

2 NAME OF CORPORATION: J. McGwin & Associates, Inc.

3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
412 Chimney Rock Drive	N. Kingstown	RI	02852

4 BUSINESS PHONE NO	5 STATE OF INCORPORATION	6 SIC CODE
(401) 884-4802	Rhode Island	7286

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

Operation Systems and Financial Consultants

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME: Julia L. McGwin
STREET ADDRESS: 412 Chimney Rock Drive
CITY: N. Kingstown STATE: RI ZIP CODE: 02852

VICE PRESIDENT NAME:
STREET ADDRESS:
CITY: STATE: ZIP CODE:

SECRETARY NAME: Julia L. McGwin
STREET ADDRESS: 412 Chimney Rock Drive
CITY: N. Kingstown STATE: RI ZIP CODE: 02852

TREASURER NAME:
STREET ADDRESS:
CITY: STATE: ZIP CODE:

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME: Julia L. McGwin
STREET ADDRESS: 412 Chimney Rock Drive
CITY: N. Kingstown STATE: RI ZIP CODE: 02852

DIRECTOR NAME:
STREET ADDRESS:
CITY: STATE: ZIP CODE:

DIRECTOR NAME:
STREET ADDRESS:
CITY: STATE: ZIP CODE:

DIRECTOR NAME:
STREET ADDRESS:
CITY: STATE: ZIP CODE:

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	AUTHORIZED SHARES PAR VALUE	ISSUED SHARES NUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	ISSUED SHARES PAR VALUE
1,000	Common	$.10	1,000	Common	$.10

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.

Julia L. McGwin
Signature of Officer

Julia L. McGwin
Print or Type Name of Officer

President — Title of Officer
8/22/96 — Date

File Date: 8/23/96
Check No: 3005
By:
For Secretary of State Use Only

FORM 31 12/95

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: 0063813 Annual Report for the year: 1995

Name of Corporation: J. McGwin & Associates, Inc.

Business entity organized under the laws of the State of: Rhode Island

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):
412 Chimney Rock Dr
North Kingstown, RI 02852

Phone: (401) 884-4802

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:
To engage in all aspects of the business of a consulting firm, including but not limited to, operation systems and financial consulting
To engage in any other act or activity for which corporations may be organized under the Rhode Island Business Corporation Act

THE NAMES OF THE OFFICERS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	James McGwin	(Same as above)		
VICE PRESIDENT				
SECRETARY	Julie McGwin	(Same as above)		
TREASURER	James McGwin	(Same as above)		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
James McGwin	(Same as above)		

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
1000	Common	1000	Common

Date 2/25/95 By: James McGwin
PRINT OR TYPE NAME OF OFFICER SIGNING
President / Treasurer
TITLE OF OFFICER SIGNING

Form 31 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.

JAMES MC GWIN
12 ROAD C
NORTH SCITUATE RI 02857

Requested Form 9
It will Follow

PAID
FEB 28 1995
OFFICE OF STATE
OK #192 00

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

5841 $50 CB

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

Corporate ID: 0063815 Annual Report for the year: 1994

Name of Business Entity: J. McGwin & Associates, 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: (401) 647-7518

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

12 Road C
N. Scituate RI
02857

Phone: (401) 647-7518

Business Entity is (check one):

[✓] 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:

James E McGwin, Jr
12 Road C
N. Scituate, RI
02857

Brief statement of the character of business conducted in Rhode Island:

Consulting / Training
Manufacturing / Logistics

Date of Organization: April 1, 1991

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

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
[ ] CHIEF EXECUTIVE OFFICER OR [✓] PRESIDENT (Check One) James E. McGwin Jr	12 Road C	N. Scituate, RI	02857
[ ] CHIEF OPERATING OFFICER OR [ ] V.C.E. PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
[ ] CUSTODIAN OF RECORDS OR [✓] SECRETARY (Check One) Julia L. McGwin	12 Road C	N. Scituate, RI	02857
[ ] CHIEF FINANCIAL OFFICER OR [✓] TREASURER (Check One) James E. McGwin Jr	Same as above		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
James E. McGwin Jr	(Same as above)		
Julia L. McGwin	(Same as above)		

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER: 1000 shares
CLASS: one class
SERIES:
PAR VALUE OR WITHOUT PAR: ($.10) per share

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER:
CLASS:
SERIES:
PAR VALUE OR WITHOUT PAR:

Date 2/21/94, 19

By: James E. McGwin, Jr
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

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

JAMES MC GWIN
12 ROAD C
NORTH SCITUATE RI 02857

APR 25 1994
EI AC

Filing Fee $50.00

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

State of Rhode Island and Providence Plantations

5 Yrs Inc

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0063913 Annual Report for the year 1993

FIRST: The name of the corporation is J. McGwin & Associates, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Consulting - Training

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 12 Road C
North Scituate RI 02857

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

Name	Office	Address (including number, street, zip code)
James E McGwin Jr	Director	Pres/Tres 12 Road C N. Scituate RI
Julia L McGwin	Director	Sec SAme
	Director	
	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
1000	common	—	$.10

PAID
MAR 0 1 1993
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common	--	$.10

Dated 2/23/ 19 93

J. McGwin & Associates, In
(Name of Corporation)

By

Title President

(Report must be signed by an officer)

Form 31 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

SM # 374

Corporate ID 000[illegible]3 Annual Report for the year 1992

FIRST: The name of the corporation is J. McGwin & Associates, Inc

SECOND: It is incorporated under the laws of the State of Rhode Island & Providence Plantations

THIRD: Character of business, briefly stated, is to engage in all aspects of the business of a consulting firm, including but not limited to operation systems & Financial consulting

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 12 Road C North Scituate RI, 02857

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

Name	Office	Address (including number, street, zip code)
James McGwin	Director	12 Road C North Scituate, RI 02857
	Director	
	Director	
James McGwin	President	12 Road C North Scituate RI 02857
	Vice President	
Julia L. McGwin	Secretary	12 Road C North Scituate RI 02857
James McGwin	Treasurer	12 Road C North Scituate RI 02857

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		.10

PAID
MAR 02 1992
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		.10

Dated 2/20/ 1992

J. McGwin & Associates, Inc
(Name of Corporation)

By [signature]

Title President

(Report must be signed by an officer)

Form 31 7/85