

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 CORPO		NNUAL REPOR	T FOR THE YEA	AR200)5
(FORM MUST BE TYPED OR PI					
1. Corporate ID No.	2. Name of Corpora	tion		<u>-</u>	
63314		er Associates, Inc.	T	16	
3. Street Address Principal Busine		E	CRANSTON	State R T	02910
4. Business Phone No.		5. State of Incorporation		1	6. SIC Code
401-461-1		RHODE ISLAND	<u>.</u>		7872
7. Brief Description of the Charac SOFTWARE DEVELO	ter of Business Conducted DPMENT AND ELECT	IN Rhode Island RONICS DESIGN			
8. NAMES AND ADDRESS	ES OF THE OFFICE	RS: ("X" BOX FOR ATT	ACHMENT) PILL IN	SPACES BEFORE USIN	IG ATTACHMENTS
President Name			Vice President Name		
DAUM A DU	RFEE	·	Siroci Address	FRET	
51 DEERFIEL	n Drive		79 COLUM	ARIA AVEN	u E
City	State	Zip O. 7.7	Ciry	State	Zip
NO. SCITUATE Secretary Name	RI	02857	CRANS TON	RT	02905
BERNARD G	QUART	A P. Co. I	•	FREY	
Street Address	(30),1,2,7		Street Address		
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cui SMITHFIELD	State R I	02917	CRANSTUN	State R. T.	02905
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR AT			- · · · · · · · · · · · · · · · · · · ·	IN SPACES BEFORE US	, ,
Director Name			Director Name		•
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//	10100			Alani	[]
City:	State	Zip	City	Cox VI	Zip
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PARCION Name			Director Nume	1	, _
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	State	1216	Cin.	State	Zip
City V	State	Ζιp	City	State	2.49
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR A	TTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTAC	HMENT) 🗌
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5,000 COMM NO PAR 4.		· · ·	NONE		
			NONE		
This report must b	oc signed in ink by o	either the President, Vice	President, Secretary, Assist	ant Secretary, Treasurer	, Receiver or Trustee
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11		an 6161 IR 3 1			that I have examined this report atements, and that all statement
7 , ,			contained herein ar	<u>-</u> .	~ <i>1</i>
File Date 2-4		_	My S	- hts	Feb 3,2005
Check No. 11742	8		Signature of Officer	_	Date
		_	BETENAND	G. QUANTAN	.01 (
Ву:		_	Print or Type Name	• •	
FOR SECRETARY OF	STATE USE ONLY		SECHLZ7 AN Title of Officer	· 1	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Matn Street Providence, RI 02903-1335 401.222.3040

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rung Perioa: January FORM MUST BE TYPED OR	I - March I • File PRINTED IN BLACK)	mg ree: \$50.00			
1. Corporate ID No	2. Name of Corporati	· ·			
63314	1 ' '	r Associates, Inc.			
3 Street Address Principal Bus			CRANSTON	State R I	71p 02910
4. Business Phone No	- 	5. State of Incorporation		•	G. SIC Code
401-461-	· 1 Q ·	RHODE ISLANI	D	<u></u>	7872
7. Brief Description of the Cha SOFTWARE DEVE	racter of Business Conducted i	n Rhode Island ONICS DESIGN			
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Street Address		<u> </u>	Street Address		
52 DEER		- · ·			JENUE
City NO. SCITUAT	E RI	ピングにつ	CHY CRANCTON	State R I	01905
SUCCESTARY NAME BERVARY	C- QUAR	TAROLI	Treasurer Name DAVID Street Address	FREY	
	MIS TRAIL	•••	79 COLUM	BIA AVER	
CIIY SMITHFIELV	State RI	102917	CRANSTON	State RI	02905
9. NAMES AND ADDRE Director Name	SSES OF THE DIRECTO	ORS: ("X" BOX FOR A	Director Name	SPACES BEFORE US	SING ATTACHMENTS
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Street Address	110NE	, ,	Street Address	1) N/K	
City	State	Zíp	City	State	Zip
Director Name		J	Director Name		
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Street Address	MONE	5 	Street Address	10NE	
City /	ale ale	Zip	Clly	State	Zip
10. SHARES AUTHORI.	ZED ("X" BOX FOR A	TTACHMENT)	: 11. SHARES ISSUED (ISSUED SHARES	"X" BOX FOR ATTAC	CHMENT) [
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
3,000 COMM NO PAR	VALUE		Ø		
			8		
This report mus	st be signed in ink by e	ither the President, Vice	e President, Secretary, Assista	nt Secretary, Treasure	r, Receiver or Trustee
•			·	•	
		 *	including any accom	panying schedules and s	n that I have examined this report statements, and that all statement
File Date			contained herein are		Fab 26 1 mg
		_	Signature of Officer		Date
Check No.	//// 6 / 2001 / \/ \/ \/	ī451	BERNARY Print or Type Name o		RTAROLI
Ву:		- 1	SECRET		
FOR SECRETARY	OF STATE USE ONLY		Title of Officer		

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

63314

Bay Computer Associates, Inc.

3. Street Address Principal Business Office

95 HATHAWAY CENTER SUITE 1 City

State

Zip

02907

PROVIDENCE

DESIEN

RI

6. SIC Code

RHODE ISLAND

7872

401-461-1484

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

SOFTWARE DEVELOPMENT

+ ELECTRONILS

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

DAVID Street Address DURFEE

DEER FIELD

SCITUATE

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

BERNARD Street Address

QUARTAROLI TRAIL

NOHOMIS

02917

Vice President Name DAVID Street Address

COLUMBIA

AUE.

FREY

CRANSTON Treasurer Name

FREY

Street Address

PAVID

CRANSTON

AUE. COLUMBIA

02905

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

Street Address

City

City

ESMOND

NONE

Zip

Street Address

Clly

NONE

Zip

Director Name

NONE

Street Address

3,000 COMM NO PAR VALUE

Director Name

NONE

State

Street Address

Cltv

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

NONE

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 arefitrue and correct.

BERNARD Print or Type Name of Officer

SECRET ARY

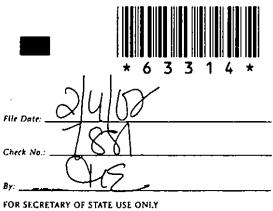
Form 630 12/02

Edward S. Inman, III, Secretary of State Curporations Division 100 North Main Street. Providence, RI 02903-1335 401-222-3040

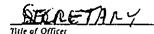
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

1. Corporate 1D No. 3314 Bay Computer Associates, Inc. 2. State of Address Principal Business Office 95 HATHAWAY CENTER SUITE FROUTBEAUTE RICE 95 HATHAWAY CENTER SUITE FROUTBEAUTE RICE 96 SHATHAWAY CENTER SUITE FROUTBEAUTE RICE 97 South Address Principal Business Conducted in Bhode Island 7872 7. Brief Description of the Character of Business Conducted in Bhode Island 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS PAVID A. DURFEE Suite Address 97 DEER FIELD DR. 79 LOLUMBIA AUE 21p City State 22p CITY State 23p CITY State 24p CIT	(FORM MUST BE TYPED IN BI	LACK)				
3. Steet Address Frincipal Business Office 9 S HATHAWAY CENTER SUITE PRUIDEARLE RI 624 4. Rusiness throne No. S. State of Incorporation RHODE ISLAND 7. Reference No. S. State of Incorporation RHODE ISLAND 7. Reference No. S. State of Incorporation RHODE ISLAND 7. Reference No. S. State of Incorporation RHODE Island S. CET WALL OF WELL DIMENSIONS CONDUCTED ISLAND 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES REFORE USING ATTACHMENTS President Name DAVID A. DURITE STATE RI 02857 CRANS FOR ATTACHMENT State 21p City State 21p City State 21p Street Address TO DEER FIELD DR. TRAIL TO STATE Address TO STATE Address TO STATE ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES REFORE USING ATTACHMENTS PROVIDE Name Tressure Name Tressure Name DIRECTOR ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES REFORE USING ATTACHMENTS DIRECTOR Name NO NE DIRECTOR Name NO NE State 21p City State 22p Director Name NO NE Street Address City State 21p City State 22p Director Name NO NE Street Address City State 21p City State 22p Director Name NO NE Street Address City State 21p City State 22p Director Name NO NE Street Address City State 22p City State 22p Director Name NO NE Street Address City State 22p Director Name NO NE Street Address City State 22p City State 22p Director Name NO NE STREET Address City State 22p Director Name NO NE STREET Address City State 22p City State 22p Director Name No NE STREET Address City State 22p City State 22p Director Name No NE 20p STATE Address City State 22p City S			9n			_
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8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) PIESIGN Name PAYID A. DURFEE STORE Address 5.7 DEERFEELY NO. SCITUATE RI 02857 CRAIDSTON RC 039C SECRETARY NAME SECRETARY NAME BERNARD G. WARTAR OLI DAVID FREY STORE ADDRESSES TO AURTH RI O2857 CRAIDSTON RC 039C CITY NO. SCITUATE RI 02857 CRAIDSTON RC 039C CRAIDSTON RC 039C CRAIDSTON RC 039C CITY STORE ADDRESSES FRAIL 1029C CITY STORE ADDRESSES FOR ATTACHMENT) DIRECTOR NAME NONC STORE ADDRESSES OTHE DIRECTORS ("X" BOX FOR ATTACHMENT) DIRECTOR NAME NONC STORE ADDRESSES	4. Business Phone No. 401- 19	484	5. State of Incorporation RHODE ISLAND	PROUIDE NICE	RI	
Street Address STORER FLELIS DR. STORE STORE STORE ADDRESS	8. NAMES AND ADDRE			MENT) FILL IN SPACES B	SEFORE USING ATTAC	HMENTS
City State 7th NO. SCITUATE RT 02857 CRANSTON RT 0296 NO. SCITUATE RT 02857 CRANSTON RT 0296 SECRETARY Name IBERNARD G. QUARTAR OLI DAUIN P. FREY STORE Address LY NOMOMIS TRAIL 79 City State 7th No. 100 P. FREY STORE ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name NONE Street Address City State 7th City State 7th Director Name NONE Street Address City State 7th City State 7th Director Name NONE Street Address City State 7th City State 7th Director Name NONE Street Address City State 7th City State 7th Director Name NONE Street Address City State 7th City State 7th Director Name NONE Street Address City State 7th City State 7th City 8th City 8		IRFCE		DAUID P.	FREY	
City State Zip City State Zip City State Zip NO. SCITUATE RI 02857 CRANSTON RI 0290 RECEITORY Name ISERNARD G. WARTAR OLI DAULD P. FREY Street Address Y NOMON STRALL TARL CITY State Zip ESMOND RI 02917 CRANSTON RT 0290 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 City State Zip Director Name NONE Street Address City State Zip City State Zip Director Name NONE Street Address City State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value Number of Shares Company States Par Value	57 DEERF	IELD DR.		79 LOLUMI	BIA AUE	
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) Director Name	ESMENN	RT	02917	CRANSTON	RI	0240 S
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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. BERNARD



Print or Type Name of Officer

₹> 5

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

401-222-3040

(FORM MUST BE TYPED IN	BLACK)				
1. Corporate ID No.	2. Name of Corpo		_	- 	
63314		outer Associates	•	_	
3. Street Address Principal Busi 95 Hat 1. Business Phone No.	haway C	enter Sui- 5. State of Incorporation	tel Provide	state RI	21p 02907 6. SIC Code
401-461-17. Brief Description of the Chai	racter of Business Conducted				7872
	e Developm RESSES OF THE OF	rent t Elect FICERS ("X" BOX FOR ATT		H ES BEFORE USING ATT	ACHMENTS
President Name David A	. Durfee		Vice President Name Davidi Street Address	P. Frey	- ,
52 Deent	Rield Drive	<u>2</u> Zip		lumbia Ave	Zip
No. Scitue te	RI.	01857		RI	
BERNAMD	G. Qua	RTAROLI	David 1	P. Frey	
P.O. Box 2	L 8 B State	Zip	79 Col	umbia Ave	Zip
C NEBNUILLE D. NAMES AND ADDI	RESSES OF THE DII	02828 RECTORS (*X* BOX FOR A	Cranston	R エ NCES BEFORE USING AT	1 02905
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treet Address - 10 (0 70 0		Street Address	. •	
Tity	State	Zip	City	State	Zip
Director Name	.		Director Name	•••	
treet Address			Street Address	-	
lity	State	Zip	City	State	Zip
O. SHARES AUTHORI	IZED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUEI	O (*X* BOX FOR ATTACHME	NT)
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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



File Date:	4-30-01
Check No.:	7257
Ву:	Zi
FOR SECRETARY OF	

Under penalty of perfury, I declare	and affirm that I have examined
this report, including any accompa	inying schedules and statements, and
that all statements contained herei	n are true and correct.
mish	March 1,2001
Signature of Officer	Date

Signature of Officer	-6-	Date 1, 2001
BERNAM	G.	QUANTANULI
Print or Type Name of Office	r	

SECRETARY Title of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

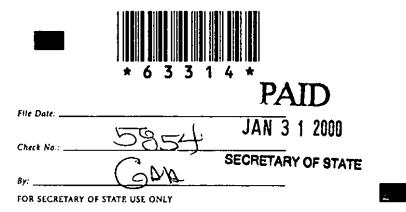
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ EXTRECEROXS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation Bay Computer Associates, Inc. 63314 3. Street Address Principal Business Office Zip PROVINENCE 02907 RI 95 HATHAWAY CENTER SUITE 1 5. State of Incorporation 6. SIC Code 7872 401-461-1484

7. Brief Description of the Character of Business Conducted in Rhode Island RHODE ISLAND CONTRACT DESIGN OF ELECTRONICS SOFTWARE 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name DAUID A. BURFEE DAVID FREY Street Address Street Address DEEN FIELD DR. City City RI NOISCITUATE CRANSTON RI02905 Secretary Name Treasurer Name P. FREY BERNARA G. QUARTAROLI מיטמת Street Address Street Address 4 NOITOMIS TRAIL 79 LOLUMBIN City Zip RI SMITHFIELD 02919 CRANSTON RI 20405 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name NI)Nビ Street Address 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) AUTHORIZZZ SHARES ESSUED SHARES Number of Shares Number of Shares Class/Series Par Value Class/Series Par Value 3,000 SHS COM NO PAR VAL NONE

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.

that all statements Co	intalined hero	eln are true a	nd correct	t.
P		f fler	12	12/22/9
Signature of Officer			Date	
Pavid	A.D	سا تحد	2	
Print or Type Name of Off	icer		-	



File Date:

Check No .: _

FOR SECRETARY OF STATE USE ONLY

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 BLAC	(x)				
1. Carparate ID No. 63314	2. Name of Corporation Bay Computer	Associates, Inc.			
3. Street Address Principal Business C 95 HATHAW A 4. Business Phone No. 1 H61-1484	AY CENTER,	CUTE SHOOE ISCAND	PAOVIDENCE	State R1	21p D2907 6. 51c 60ds
7. Brief Description of the Character . ELECTRONIC D			DESIGN		•
8. NAMES AND ADDRESS		RS (*X* BOX FOR ATTACH		EFORE USING ATTACHM	IENTS
DAVID A. DURF	_		DAVIP P. FR	٤٧	
52 DEERFIEL	D DAIVE	` Zip	:79 COLUMBIA	Ay	Zip
No SCITUATE Secretary Name	RI	02857	CRANSTON	R1	<i>0</i> 2905
	QUARTAROL) <u>-</u>	Street Address	IRFEE	
POBOX 288	- State	' Zio	52 DEERFIE	ELD DRIVE	7/0
GREENVILLE 9. NAMES AND ADDRESS	RI RI DIBECT	•	· No Scituate	REFORE USING ATTACK	02857
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Street Address	NE	•.	: IN . Street Address :	300 E	
City	State	Zip	City	State	- Zip
Director Name	NE	•••••••	Director Name	VONS	***************************************
Street Address			Street Address	0010 C.	•
City	State .	Zip	City	State	Zip -
10. SHARES AUTHORIZED AUTHORIZED SHARES) (*X* BQX FOR ATTACH)	MENT) (11. SHARES ISSUED (*x	BOX FOR ATTACHMENT)	
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This report must be signe	ed in ink by either	the President, Vice Pr	resident, Secretary, Assis	tant Secretary, Treasure	r, Receiver or Trustee
	1 1 1 1 1 1 1 1 1 1	ļli ·	Under penalty of perj	ury, I declare and affirm th	nat I have examined
				any accompanying schedu	

that all statements contained herein are true and correct.

Print or Type Name of Officer

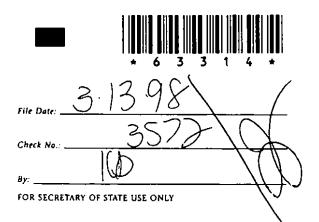


James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BL.	ACK)				
1. Corporate ID No. 63314	2. Name of Corporati Bay Comput	er Associates, Inc.	,	•	
3. Street Address Principal Business 95 HATH AW 4. Rusiness Phone No. 401-461-148	AY CENTER	SUITE 1 S. State of incorporation RHODE ISLAND	PROU	State R I	21p O 2 90 7 6. SIC Code 7872
7. Brief Description of the Characte CONTRACT 8. NAMES AND ADDRES President Name	r of Business Conducted in ELECTRENIUS	AND SOFTIN	•	oeV	
Street Address 52 DEERFIEL City	• • •	Zip	Street Address 79 COLUMNS		710
NO . SCITUATE Secretary Name	RI	62857	CRAINSTON Treasurer Name	RI	02905
BERNARD G. Street Address 4 NOMOMIS City	CQUARTAR TRAIL State		DAVID P. FI Street Address 79 COLUM	BIA AVE	
SMITHITELED 9. NAMES AND ADDRES	RI	21p 02917 CTORS (*x* BOX FOR ATTAC		State R I	02905
Director Name Street Address			Director Name Street Address		
City	State	Zip	Сну	State	Zip
Director Name			Director Name		
Street Address			Street Address		
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10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED (* ISSUED SHARES	"X" BOX FOR ATTACHMEN	(Ti
Number of Shares	Class/Sertes	Par Value	Number of Shares	Class/Series	Par Value
3,000 SHS COM NO	PAR 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.

BERNARD G. QUARTAROLI

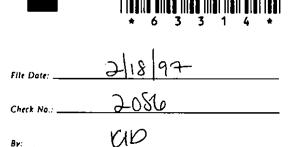


James R. Langevin, Secretary of State Carporations Division 100 North Main Street, Providence, RI 02903-1335

STOP: PULASE BEAD INSTRUCTIONS
REFORE COMPLETING THIS FORM

PROFIT CO: Filing Period: Janua			REPORT 199	7	PLIASE BEAD INSTRUCTIONS BELORE
(FORM MUST BE TYPED IN 1 1. Corporate ID No.	2. Name of Corpora				COMPLETING THIS TORM
63314		uter Associates, Inc.			
3. Street Address Principal Busin 95 Hatha 4. Business Phone No. 461-1484 7. Brief Description of the Chara	way Center	RHODE ISLA	Providenc ND	e RI	02907 6. SIC Code 7373
8. NAMES AND ADDR		ics & Soft CERS ("X" BOX FOR ATTAC) No	ste moré appropria
Street Address	id A Du	_	Street Address	P Frey	
52 D. N. Scitat		01857	Cranston		02905
Street Address	d A T)urtec	Street Address	d P Frey	•
City	State	Zip	Ciry	State	Zip
9. NAMES AND ADDR Director Name CQ U i'C		ectors (*x* box for att urfee		id P Fre	Y
City	State	Zip	. City	State	21p
Director Name	•		Director Name		•
Street Address			Street Address		
City	State	Zip	City	State	ZIp
10. SHARES AUTHORI AUTHORIZZD SHARIS	ZED AND ISSUED ("X" BOX FOR ATTACHMENT)	ISSUED SHARPS		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
3,000 SHS COM	NO PAR VAL		1500	COM	NO PAR VAL
			•		

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



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

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street

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

Filing Period: January 1-March 1

Check No:

For Secretary of State Use Only

By:

iling Fee: \$50.00			RINT IN BLACK INK.		
CORPORATE IO NO	2. NAME OF CORPORATION				
63314		omputer Associate	es, Inc.	STATE	ΖΡ C00€
		•	PLOVIDENCE	1 a	0275
765 ACC	ENS FOR	5. STATE OF DICOMPORATION	PROMOCIO	<u>i</u>	6 SIC CODE
(401) 454 - 8		RHODE IS	LAND		7872
BREEF DESCRIPTION OF THE CHARACTER OF		•	ECECTRUNICS	DESIGN	
··	8 . N /	AMES AND ADDR	ESSES OF THE OF	FICERS	
RESIDENT NAME KRIJ I TREET ADDRESS	PENNI	itën	DAUID P.	FKEY	· · · · · · · · · · · · · · · · · · ·
59 SEA	VIEW AL	16		U A·VE	
	UM A	U 2 7 7 7	CRANITUR	STATE	0 2 905
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пу	STATE	72P C00E	ary	I STATE	ZIP COOE
PAVID A. PETADORESS 52 DEELL TV N. SOLTUATE	DUKFEE		DIRECTOR NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	·
52 DEER	HELD DA	CIVE			
N South ATE	STATE	1 02857	arv	STATE	ZIP COOE
RECTOR NAME			DIRECTOR NAME	-: -^j	-
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.;	10.	SHARES AUTHOR	IZED AND ISSUED		
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				<u>; </u>	<u>}</u>
Pres			NED IN INK by either that Secretary, Treasure		
			report, including		ffirm that I have examined to dules and statements, and to and correct.
File Date: 2	2/94	:	KKIS	D. PENNIS	TEN
· ne Date.	,		Signature of Off	nicer	

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.

OQ53314 Corporate ID:		Annual Report for the year:		
Name of Companies: Eay Compute	er Associate	s, Inc.		
Name of Corporation: Business entity organized under the laws of the State of: For foreign entity, address and telephone number of principa Phone: (l office:	Brief statement of	(check one): poration (See RIGL Chapte Service Corporation (See Ri the character of business co PEVEDIVECT UC DESIGN	IGL Chapter 7-5.1)
Island (Provide street address - Not P.O. Box): 765 ALCENS AVE PROVIDENCE PRI 0290 Phone: (401) 454 - 8595				
Phone: (1-7) 701 - 8013				
PRESIDENT, TLEAS SECTY	IE NAMES OF TH	E OFFICERS ARE	CHYSTATE	din cosses
KRIS D, PENNISTEN	57 SEAVILLE			ZIP CODE
	STREET ADDR		SWANSER W	1 <u>02777</u> ZIP CODE
DAVIDA, DURFEE DAVID FLEY	52 DEELF	TELD DR.	N. SCITUATE	RI 02857
SECRETARY UP	STREET ADD	RESS		***************************************
DAVID PREY	 	ON AVE.	CKAUSTOU	RT 02905
3 SECRY VP UP	STREET ADD	RESS	CITY/STATE	ZIP CODE
TH	E NAMES OF THE	E DIRECTORS ARI	 -	
SANÉ	STREET ADD		CITY/STATE	ZIP CODE
NAME	STREET ADD	RESS	CITY/STATE	ZIP CODE
NAME	STREET ADDR	RESS	CITY/STATE	72P CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES	ISSUED AND OUTSTANDI	NG (Rider may be attached)
Number of Shares Class / Scries		Number of Shares N	Class / Series	UP#30
Date	By:	X20 F		
	PRINT OR TY	KIS DI FEND PENAME OF OFFICER SIGNING	PRESIDENT	
Form 31 1/95	TILE OF OFF		premer	
DESIGNATED R	EGISTERED AGE	NT FOR SERVICE	OF PROCESS:	

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

KRIS D. PENNISTEN
765 ALLENS AVENUE
PROVIDENCE RI 02905

Filing Fee \$50.00 Payable to. Secretary of State

PLEASE TYPE or PRINT

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

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

Corporate ID:	0053514	Annual Report for th	e year:1	. <u></u>
Name of Business Ent	oty:	Bay Compute	er Associates,	Inc.
Business entity organized Federal Taxpayer Ideatifi For foreign entity, address Phone: (under the laws of the State of: £ I cation Number. s and telephone number of principal office MA:	Business Entity is [Business Entity is [Profese [] Limite Name, tale and me communications is KLIN U BAY CO 765 FROUTE FROUTE SOFTWARE 908 ELECTE	(check one): ess Corporation (See RIGI ssional Service Corporation ed Liability Company (See ailing address of contact pr may be directed: PENNISTER PLLEN ASS PLLEN AVI DENCE PI the character of business of DENELOPMEN LONIC DESIGN	Chapter 7-1 1) In (See RIGL Chapter 7-5.1) RIGL 7-16) PRESIDEUT ROCIATES IVI
	54 - 8575	Date of Organizat	tion: S FET /)*	9 / le Island (if foreign entity).
KRIJ D. PE	ROR (UMS) DENTITIONS DON'T NNITEN 59 SEMULE ROR (I) VICE PRESIDENTITIONS DOWN OR (I) SECRETARY (CHES DOWN)	STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS		ZIP CODE. 2.P CODE ZIP CODE
CHIEF FINANCIAL OFFICER	R OR TRÉASURERICHES ONEI	STREET ADDRESS	CITY/STATE.	ZIFCODE
NAME.	THE NA	AMES OF THE DIRECTORS AF	CITYSTATE	ZIP COOL
SAME.		STREET ADDRESS	CHYSTÂIE	ZIPCODÉ
NAME		STREET ADDRESS	CITYNTATE	ZIS CODE
NUMBER OF SHARE	S AUTHORIZED (It Applicable)	NUMBER OF SHA		TANDING (If Applicable)
NUMBER 300		NUMBER	NA	
CLASS COM	MGV	CLASS		
PAR VALUE OR WITHOUT PAR	NO PAR VALV		·	
Date	# / FI LED 10 <u>9 4</u>	By _ 7/2 19 . FE	ENVISPEN	

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

orporate ID	53314	Annual Report for the year.	
First: The name of	the corporation is	Bay Computer Associat	es. Inc.
SECOND: It is incor	porated under the laws of	Rhode Island	
THIRD: Character of	of business, briefly stated, is	Computer design	
FOURTH: If foreign	corporation, address of its p	rincipal office	
FIFTH: Business ad	dress in Rhode Island1	RichmondSquare,Provid	ence
SIXTH: Names and	addresses of its directors and	d officers: Address (including number, s	(Attach rider if necessary)
	Director		
	Director		
	Director		
• • • • • • • • • • • • • • • • • • • •	ten President	59 Seaview Ave. , Swa	
same	Vice Presi	dent	
same	Secretary		
same	Тгеаѕигет		
SEVENTH: Number	er of Shares authorized:	8. 40	Par Value or statement that shares are without
No. of Shares	Class	Series 3 0 1 1993	par value
3000	Common	SECTY OF STATE	o par value
Еіднтн: Numbei	of Shares issued:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
3000	Common	1	No par value
Dated January 28	1993	BayComputerAssociate (Name of Corporation)	es, Inc.
		(Name of Corporation) By Kris D. Pennisten	ywo
(Report must	be signed by an officer)	Title President	

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0069314	Annual Report for	the year 1992
First: The r	name of the corporation is	Eay. Computer A	kasoulatas, Inc.
Second: It i	s incorporated under the laws of	_{Rh} ode Island	
THIRD: Char	racter of business, briefly stated, i	sComputerSoftwa	ceandHardware
Deve	lopment		
FOURTH: If f	oreign corporation, address of its	s principal office	
Fifth: Busin	ess address in Rhode Island	1 Richmond Square, 1	Providence, RI 02906
	es and addresses of its directors a		(Attach rider if necessary)
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Director		
	Director		
	Director		
Kris D. Po	ennisten President	59 Seaview Ave,	Swansea, MA 02777
(Same)	Vice Pres	ident	······
/ o \	Secretary		
(Same)	Treasurer	r	
SEVENTH: N	umber of Shares authorized:		Par Value
No. of Shares	Class	Series	or statement that shares are without par value
3000	Common	DAID	No par value
3000	common	PAID	No par varac
Еібити: Number of Shares issued:		MAR 0 3 1992	Par Value or statement that
No. of Shares	Class	SEC'Y OF STATE	shares are without par value
3000	Common		No par value
DatedMarch	1	BayComputerA. (Name of Corporation) By	ssociates, Inc.
(Report n	nust be signed by an officer)	Title Kris D. Penni	stenPresident