

## 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

Matthew A. Brown. Secretary of State

	200
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR	200

FORM MUST BE TYPED	nber I - Novembei OR PRINTED IN BLAC		50.00				
1. IID No. 127220	2. Exact name of the	name of the limited liability company rated SOLUTIONS, LLC					
3. State of Formation RHODE ISLAND			business which is actually conducted to	s Khode Island			
- · ·	TING SUN		City. WESTER		02891		
Contact Name			Contact Bile	CONTICTE OF CONTACT PERSON:  Contact Title  OWNER			
Street Address 25	SETTIN	GSUN DI	OWNER PIVE "WESTER	LL-Y State R1	02891		
	F11,1, 11	N SPACES BEFORE USI	TED LIABILITY COMPANY, IF ING ATTACHMENTS ("X" BO UIRES FILING OF AMENDMEN	X FOR ATTACHMENT) $\square$	() / 7-16-52		
Manager Name			Manager Name	Manager Name			
Sinvi Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name		······································	Manager Name	Manager Name			
Street Address			Street Address	Street Address			
Clly	State	Zip	City	State	Zip		
Agent Name	T IN RHODE ISLA	AND - DO NOT ALTER	Changes require filing of Fo	oem 642 - R.I.G.L. 7-16-1:	1		
STEVEN GIVENS Address			Cin-	Zip	······································		
25 SETTING SUN DR	VE		WESTERLY				

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

File Date	9/12/05 127220	
Check No.	1075	
By:	(m)	
F	OR 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 Authorized Person

Stavan S. Givans

Print or Type Name of Authorized Person



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

Matthew A. Brown. Secretary of State

Corporateile 100 North Man. Providence, RI 02903-1335

401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2004

1. 11 To 1	Filing Period: September 1 - i						
127220 Accelerated SOLUTIONS, LLC  3. State of Formation RHODE ISLAND  1. Brief description of the character of the Institutes which is actually conducted in Rhode Island Information Technology Management Consulting  5. Principal office address 6.3 Ten Harvey Road 6. Mailling Address of Limited Liability Company and Name or Title of Contact Person: Contact Name 5. He was Givens 6.3 Ten Harvey Road 7. Name and address of Each Manager of the Limited Liability Company, if Applicable Fill in Spaces Before Using Attachments ("X" BOX FOR ATTACHMENT) Any Modifications to Managers Requires Filling of Amendment, R.J.G.L. 7-16-12 (a) (2) / 7-16-52  Manager Name  Sirver Address	<u>`</u>		·				<u> </u>
RHODE ISLAND Information Technology Management Consulting  5 Principal office address 63 Tom Harvey Ruad 6. Mailling Address of Limited Liability Company and Name or Title of Contact Person:  Control Name 5 teven Givens  Compared the Director  Survey Address 63 Tom Harvey Ruad 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable  Fill in Spaces before using attachments ("X" BOX FOR ATTACHMENT)   ANY Modifications to Managers Requires Filling of Amendment, R.I.G.L. 7-16-12 (a) (2) / 7-16-52  Manager Name  Surces Address							
Simulation of the address of limited Liability Company and Name or title of contact person:  Contact Name  Staven Givens  Contact Name  Staven Givens  Contact Name  Staven Givens  Contact Title  Director  Contact Title  Director  Contact Title  Contact Title  Director  Contact Name  Staven Givens  Contact Title  Contact Title  Contact Title  Director  Contact Title  Contact Titl	3 State of Formation				_	,	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Gomest Name  Street Address  Gomest Title  City  City  City  7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE  FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)  ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.J.G.L. 7-16-12 (a) (2) / 7-16-52  Manager Name  Sircet Address  Sircet Address  Sircet Address  Sircet Address  Sircet Address  Sircet Address	RHODE ISLAND	Informat	i:on Technolo		Consul	ور: ۱	
Gentact Name  Steven Givens  City Director  Street Address  63 Tom Harvey Rd  7. Name and address of each manager of the limited liability company, if applicable fill in spaces before using attachments ("X" BOX FOR ATTACHMENT) Any modifications to managers requires filling of amendment, r.l.g.l., 7-16-12 (a) (2) / 7-16-52  Manager Name  Street Address  Street Address  City State Zip	63 Tom Ha	•			02891		
Street Address  63 Tom Herrey Rd  7. Name and address of each manager of the limited liability company, if applicable fill in spaces before using attachments ("X" BOX FOR ATTACHMENT)  ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.J.G.L. 7-16-12 (a) (2) / 7-16-52  Manager Name  Street Address  Street Address  Street Address  Street Address  Street Address		MILED LIABILITY	JOSEPH UND TRAPICO,		ON:		•
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ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.J.G.L. 7-16-12 (a) (2) / 7-16-52  Manager Name  Street Address  Guy  State  Zip  City  State  Zip		EACH MANAGER O				П	•
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Manager Name Manager Name	Cuy	State	Zip	City	State		Zip
:	Manager Name			Manager Name	.1		<b>J</b>
Street Address Street Address	Strey Address			Street Address			
City State Zip City State Zip	City	State	Zip	City	State		Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.1.G.L. 7-16-11	8. RESIDENT AGENT IN RH	i ODE ISLAND - DO N	i OT ALTER - Changes	: require filing of Form 642 -	R.I.G.L. 7-1(	<b>5.1</b> 1	'
Agent Name Address				1			
STEVEN GIVENS	STEVEN GIVENS		= <del></del>			<u>-</u>	
Address City Zip	Address						
25 SETTING SUN DRIVE WESTERLY 02891-	25 SETTING SUN DRIVE			I			
				-			<del></del>
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date	0	7	04	
Check No.	مل	ب ط	·	
Ву:	(	DA-	·	
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.

10 - 6 - 2004 Date

STEVEN GIVENS



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

Matthew A. Brown, Secretary of State

Corporations Durision 100 North Main Street Providence, RI 02903-1335 401 222 3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_

2003

Filing Period: Septen (FORM MUST BE TYPED			Filing Fee: \$50.00				
1 //D /No 127220	ID No. 2. Exact name of the limited hability company.						
3. State of Formation 4 brief description of the character of the business while RHODE ISLAND Consulting				h is actually conducted in Rhode Islan	d		
25 Setting Sun Drive				westerly	State		02891
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME CONTLOW Steven Givens  Steven Address 25 Setting Son Drive				: Captact Title			
Street Address 25 Set	ting	Son Dr	ive	President Westerly	State R	(	02891
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Manager Name				Manager Name			
Street Address			Street Address				
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Manager Name				Manager Name			
street Address			Street Address				
City		State	$Z_{ip}$	Ctt <sub>1</sub>	State	-	Ζφ
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes r  Agent Name  STEVEN GIVENS			s require filing of Form 642 - R.I.G.L. 7-16-11  Address				
25 SETTING SUN DRIVE			WESTERLY Zip 02891-				
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	* 1 2 7 2 2 0 *
File Date	9-9-03
Check No.	1028
By:	
1-0	OR SECRETARY OF STATE USE ONLY

	nd affirm that I have examined this report, les and statements, and that all statements, i.
	1 0 0 3
Signature of Authorized Person	Date

Steven S. Givens
Print or Type Name of Authorized Person