



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 124624		2. Exact name of the limited liability company SuperSolutions, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island COMPUTER CONSULTANTS	
5. Principal office address 16 Cooper Street		City North Providence	State RI
		Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DARYL SUPERCZYNSKI		Contact Title member	
Street Address 16 Cooper Street		City North Providence	State RI
		Zip 02904	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52			
Manager Name DARYL SUPERCZYNSKI		Manager Name	
Street Address 16 Cooper St.		Street Address	
City North Prov.	State RI	City	State
	Zip 02914		Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name DAVID DIPALMA, ESQ.		Address 138 WARREN AVENUE	
Address		City EAST PROVIDENCE	Zip 02914-

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



1 2 4 6 2 4

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.

Darryl Superczynski 10/25/05
Signature of Authorized Person Date

Darryl Superczynski
Print or Type Name of Authorized Person

124624 DLLC 10/12/05 04:01:58 PM	
File Date	11/1/05
Check No.	5637
By:	<i>[Signature]</i>
FOR SECRETARY OF STATE USE ONLY	



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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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1. ID No. 124624		2. Exact name of the limited liability company SuperSolutions, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island COMPUTER CONSULTANTS			
5. Principal office address 66 COLUMBUS STREET			City PROVIDENCE	State RI	Zip 02908-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DARRYL SUPERCZYNSKI			Contact Title MANAGER		
Street Address 565 QUAKER LANE			City WEST WARWICK	State RI	Zip 02893-
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52					
Manager Name DARRYL SUPERCZYNSKI			Manager Name		
Street Address 565 QUAKER LANE			Street Address		
City WEST WARWICK	State RI	Zip 02893	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name DAVID DIPALMA, ESQ.			Address 138 WARREN AVENUE		
Address			City EAST PROVIDENCE	Zip 02914-	

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



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124624 DLLC 09/14/04 01:34:53 PM

File Date 11/4/04

Check No 5958

By W.

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.

Darryl L. Superczynski 10/14/04
Signature of Authorized Person Date

DARRYL SUPERCZYNSKI
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
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 124624		2. Exact name of the limited liability company SuperSolutions, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island COMPUTER CONSULTANT			
5. Principal office address 565 QUAKER LANE #79		City WEST WARWICK	State RI	Zip RI	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DARRYL SUPERCZYNSKI			Contact Title MANAGER		
Street Address 565 QUAKER LANE #79		City WEST WARWICK	State RI	Zip 02893	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name DARRYL SUPERCZYNSKI		Street Address 565 QUAKER LANE #79			
City WEST WARWICK	State RI	Zip 02893	Street Address 565 QUAKER LANE #79		
Manager Name		Street Address			
City		State		Zip	
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name DAVID DIPALMA, ESQ.		Address 138 WARREN AVENUE			
Address		City EAST PROVIDENCE		Zip 02914-	

FILED

NOV 07 2003

By KAC
C11336

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



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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.

Darryl Superczynski 10/15/03
Signature of Authorized Person Date

DARRYL SUPERCZYNSKI

Print or type Name of Authorized Person

124624 DLLC 09/23/03 11:04:31 AM

File Date _____

Check No. _____

By: _____

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