



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 IN BLACK)

1. Corporate ID No. 65027		2. Name of Corporation SMART MANAGEMENT, INC.			
3. Street Address Principal Business Office 66 PAVILION AVE			City PROVIDENCE	State RI	Zip 02905
4. Business Phone No. 780-2300		5. State of Incorporation RHODE ISLAND			6. SIC Code 7286
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF MANAGEMENT AND CONSULTING SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David L. Piccoli, II			Vice President Name .		
Street Address 66 Pavilion Avenue			Street Address .		
City Providence	State RI	Zip 02905	City .	State .	Zip .
Secretary Name David L. Piccoli, II			Treasurer Name David L. Piccoli, II		
Street Address 66 Pavilion Avenue			Street Address .66 Pavilion Avenue		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name David L. Piccoli, II			Director Name .		
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) <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
600 COMM NO PAR VALUE			100	common	no par

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



6 5 0 2 7

65027 DBC 01/13/05 03:11:46 PM

File Date 2-14-05

Check No. 002401

By: KB

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 _____
David L. Piccoli, II
Print or Type Name of Officer
President
Title of Officer



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. 65027		2. Name of Corporation SMART MANAGEMENT, INC.			
3. Street Address Principal Business Office 66 Pavilion Avenue			City Providence	State RI	Zip 02905
4. Business Phone No. 780-2300		5. State of Incorporation RHODE ISLAND			6. SIC Code 7286
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF MANAGEMENT AND CONSULTING SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David L. Piccoli, II			Vice President Name		
Street Address 66 Pavilion Avenue			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
Secretary Name David L. Piccoli, II			Treasurer Name David L. Piccoli, II		
Street Address 66 Pavilion Avenue			Street Address 66 Pavilion Avenue		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name David L. Piccoli, II			Director Name		
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) <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
600 COMM NO PAR VALUE			100	Common	No par

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



* 6 5 0 2 7 *

File Date 1-23-04
Check No. 001483
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] 1/22/04
Signature of Officer Date
David L. Piccoli, II
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 OR PRINTED IN BLACK)

1. Corporate ID No. **65027** 2. Name of Corporation **SMART MANAGEMENT, INC.**

3. Street Address Principal Business Office **66 Pavilion Avenue** City **Providence** State **RI** Zip **02905**

4. Business Phone No. **780-2300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7286**

7. Brief Description of the Character of Business Conducted in Rhode Island **To engage in the business management and consulting services & any other lawful purpose & activities permitted by the laws of the State of RI**

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

President Name David L. Piccoli, II	Vice President Name
Street Address 584 East Shore Road	Street Address
City State Zip Jamestown RI 02835	City State Zip
Secretary Name David L. Piccoli, II	Treasurer Name David L. Piccoli, II
Street Address 584 East Shore Road	Street Address 584 East Shore Road
City State Zip Jamestown RI 02835	City State Zip Jamestown RI 02835

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

Director Name David L. Piccoli, II	Director Name
Street Address Same as above	Street Address
City State Zip Jamestown RI 02835	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	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
600 COMM NO PAR VALUE	100 Common No par

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



* 6 5 0 2 7 *

File Date: 2/4/03

Check No.: 006057

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] 1/27/03
Signature of Officer Date

David L. Piccoli, II

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. 65027 2. Name of Corporation SMART MANAGEMENT, INC.

3. Street Address Principal Business Office 66 Pavilion Avenue City Providence State RI Zip 02905

4. Business Phone No. 780-2300 5. State of Incorporation Rhode Island 6. SIC Code 7286

7. Brief Description of the Character of Business Conducted in Rhode Island to engage in the business of management and consulting services & any other lawful purpose & activities permitted by the laws

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

President Name David L. Piccoli, II Vice President Name

Street Address 584 East Shore Road Street Address

City Jamestown State RI Zip 02835 City State Zip

Secretary Name David L. Piccoli, II Treasurer Name David L. Piccoli, II

Street Address 584 East Shore Road Street Address 584 East Shore Road

City Jamestown State RI Zip 02835 City Jamestown State RI Zip 02835

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

Director Name David L. Piccoli, II Director Name

Street Address 584 East Shore Road Street Address

City Jamestown State RI Zip 02835 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
600	Common	No par	100	Common	No par

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

File Date: 2.27.02

Check No.: 5358

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: 1/21/02

David L. Piccoli, II
Print or Type Name 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. **65027** 2. Name of Corporation **SMART MANAGEMENT, INC.**

3. Street Address Principal Business Office **66 Pavilion Avenue** City **Providence** State **RI** Zip **02905**

4. Business Phone No. **(401) 785-4540** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7288**

7. Brief Description of the Character of Business Conducted in Rhode Island **To engage in the business of management and consulting services and any other lawful purpose & activities permitted by the state**

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

President Name **David L. Piccoli, II**
Street Address **584 East Shore Road**
City **Jamestown** State **RI** Zip **02835**

Vice President Name
Street Address
City State Zip

Secretary Name **David L. Piccoli, II**
Street Address **584 East Shore Road**
City **Jamestown** State **RI** Zip **02835**

Treasurer Name **David L. Piccoli, II**
Street Address **584 East Shore Road**
City **Jamestown** State **RI** Zip **02835**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**
Director Name **David L. Piccoli, II**
Street Address **584 East Shore Road**
City **Jamestown** State **RI** Zip **02835**

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
600 SHARES NO PAR COMMON

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common NO par

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



* 6 5 0 2 7 *

File Date: 1/31

Check No.: 4613

By: DC

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.

David L. Piccoli, II 1-16-01
Signature of Officer Date

David L. Piccoli, II
Print or Type Name of Officer
President



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. **65027** 2. Name of Corporation **SMART MANAGEMENT, INC.**

3. Street Address Principal Business Office **66 Pavilion Avenue** City **Providence** State **RI** Zip **02905**

4. Business Phone No. **785-4540** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7286**

7. Brief Description of the Character of Business Conducted in Rhode Island to engage in the business management & consulting services & any other lawful purpose & activities permitted by the laws of the

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

President Name **David L. Piccoli, II**

Street Address **584 East Shore Road**
City **Jamestown** State **RI** Zip **02835**

Secretary Name **David L. Piccoli, II**

Street Address **584 East Shore Road**
City **Jamestown** State **RI** Zip **02835**

Vice President Name

Street Address
City State Zip
Treasurer Name **David L. Piccoli, II**
Street Address **584 East Shore Road**
City **Jamestown** State **RI** Zip **02835**

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

Director Name **David L. Piccoli, II**

Street Address **584 East Shore Road**
City **Jamestown** State **RI** Zip **02835**

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
600 SHARES NO PAR COMMON

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common No par

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



* 6 5 0 2 7 *

File Date: 1/19/00

Check No.: 3219

By: _____

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 [Signature] Date 1/12/2000

Print or Type Name of Officer DAVID L. PICCOLI

Title of Officer President.



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 65027		2. Name of Corporation SMART MANAGEMENT, INC.	
3. Street Address Principal Business Office 66 Pavilion Avenue		City Providence	State RI
4. Business Phone No. 785-4540		5. State of Incorporation RHODE ISLAND	6. SIC Code 7286
7. Brief Description of the Character of Business Conducted in Rhode Island to engage in the business of management & consulting services & any other lawful purpose & activities permitted by the laws of the			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS State of RI			
President Name David L. Piccoli, II		Vice President Name	
Street Address 584 East Shore Road		Street Address	
City Jamestown	State RI	City	State
Zip 02835		Zip	
Secretary Name David L. Piccoli, II		Treasurer Name David L. Piccoli, II	
Street Address 584 East Shore Road		Street Address 584 East Shore Road	
City Jamestown	State RI	City Jamestown	State RI
Zip 02835		Zip 02835	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name David L. Piccoli, II		Director Name	
Street Address 584 East Shore Road		Street Address	
City Jamestown	State RI	City	State
Zip 02835		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares
600 SHARES NO PAR COMMON			Class/Series
			Par Value
			100
			Common
			No par

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



* 6 5 0 2 7 *

File Date: Feb 21, 1999

Check No.: 9197

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] - 2/17/99
Signature of Officer Date

David L. Piccoli, II
Print or Type Name of Officer

President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **65027** 2. Name of Corporation **SMART MANAGEMENT, INC.**
3. Street Address Principal Business Office **66 Pavilion Avenue** City **Providence** State **RI** Zip **02905**
4. Business Phone No. **(401) 785-4540** 5. State of Incorporation **Rhode Island** 6. SIC Code **8**

7. Brief Description of the Character of Business Conducted in Rhode Island to engage in the business of management and consulting services and any other lawful purpose & activities permitted by the laws of the State of R.I.

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

President Name David L. Piccoli, II	Vice President Name
Street Address 584 East Shore Road	Street Address
City State Zip Jamestown RI 02835	City State Zip

Secretary Name David L. Piccoli, II	Treasurer Name David L. Piccoli, II
Street Address 584 East Shore Road	Street Address 584 East Shore Road
City State Zip Jamestown RI 02835	City State Zip Jamestown RI 02835

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

Director Name David L. Piccoli, II	Director Name
Street Address 584 East Shore Road	Street Address
City State Zip Jamestown RI 02835	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
600	Common	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

File Date: 3-11-98
Check No.: 2451
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 of Officer: [Signature] Date: 3/2/98
Print or Type Name of Officer: David L. Piccoli, II
President



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. 065027
2. Name of Corporation SMART MANAGEMENT, INC.
3. Street Address Principal Business Office 66 Pavilion Avenue Providence RI 02905
4. Business Phone No. 785-4540
5. State of Incorporation Rhode Island
6. SIC Code 7286

7. Brief Description of the Character of Business Conducted in Rhode Island to engage in business management and consulting services and any other lawful purpose & activities permitted by the laws of the State of RI

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)
President Name David L. Piccoli, II
Street Address 66 Pavilion Avenue
City Providence State RI Zip 02905
Vice President Name
Street Address
City State Zip

Secretary Name David L. Piccoli, II
Street Address 66 Pavilion Avenue
City Providence State RI Zip 02905
Treasurer Name David L. Piccoli, II
Street Address 66 Pavilion Avenue
City Providence State RI Zip 02905

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)
Director Name David L. Piccoli, II
Street Address 66 Pavilion Avenue
City Providence State RI Zip 02905
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
600	common	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

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: David L. Piccoli, II Date: 5/29/97
Print or Type Name of Officer: David L. Piccoli, II
President

File Date: 6/6/97
Check No.: 1920
By: KLP

**PROFIT CORPORATION
ANNUAL REPORT**

1996



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

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 65027		2. NAME OF CORPORATION SMART MANAGEMENT, INC.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 66 Pavilion Avenue			CITY Providence	STATE RI	ZIP CODE 02905
4. BUSINESS PHONE NO. (401) 785-4540		5. STATE OF INCORPORATION Rhode Island			6. SIC CODE
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND To engage in business management and consulting services and any other lawful purpose and activities as permitted by the laws of the State of R.I.					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME David L. Piccoli, II			VICE PRESIDENT NAME		
STREET ADDRESS 25 Poplar Street			STREET ADDRESS		
CITY Providence	STATE RI	ZIP CODE 02906	CITY	STATE	ZIP CODE
SECRETARY NAME David L. Piccoli, II			TREASURER NAME David L. Piccoli, II		
STREET ADDRESS 25 Poplar Street			STREET ADDRESS 25 Poplar Street		
CITY Providence	STATE RI	ZIP CODE 02906	CITY Providence	STATE RI	ZIP CODE 02906
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME David L. Piccoli, II			DIRECTOR NAME		
STREET ADDRESS Same as above			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600	Common	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

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.

David L. Piccoli, II

Signature of Officer

David L. Piccoli, II

Print or Type Name of Officer

President

2/20/96

File Date: 3/1/96

Check No: 3436

By: CP

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

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

Corporate ID: 0065027 Annual Report for the year: 1994

Name of Business Entity: SMART MANAGEMENT, INC.

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

Federal Taxpayer Identification Number: [REDACTED]

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):

1319 Cranston Street

Cranston, RI

Phone: (401) 944-4540

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:

David L. Piccoli, II, President

38 East Shore Road

Jamestown, RI 02835

Brief statement of the character of business conducted in Rhode Island:
to engage in business management and consulting services and any other lawful purpose and activities as permitted by the laws of the State of Rhode Island.
Date of Organization: July 18, 1991

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

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)			
David L. Piccoli, II	38 East Shore Road	Jamestown, RI	02835
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)			
David L. Piccoli	38 East Shore Road	Jamestown, RI	02835
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)			
David L. Piccoli, II	38 East Shore Road	Jamestown, RI	02835
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)			
David L. Piccoli, II	38 East Shore Road	Jamestown, RI	02835

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
David L. Piccoli, II	38 East Shore Road	Jamestown, RI	02835
David L. Piccoli	38 East Shore Road	Jamestown, RI	02835

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 600	NUMBER 100
CLASS Common	CLASS Common
SERIES	SERIES
PAR VALUE OR WITHOUT PAR No par value	PAR VALUE OR WITHOUT PAR No par value

FILED
MAY 02 1994

By 001841/MLC

Date February 18, 19 94

By: [Signature]
SMART MANAGEMENT, INC.
PRINT OR TYPE NAME OF OFFICER SIGNING David L. Piccoli, II

Filing Fee \$50.00

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

13297B
State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0065027 Annual Report for the year 1993

FIRST: The name of the corporation is SMART MANAGEMENT, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to engage in business management and consulting services and any other lawful purpose and activities as permitted by the laws of the State of Rhode Island

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 1319 Cranston Street, Cranston, RI

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

Name	Office	Address (including number, street, zip code)
David L. Piccoli, II	Director	38 East Shore Road, Jamestown, RI 02835
	Director	
	Director	
David L. Piccoli, II	President	38 East Shore Road, Jamestown, RI 02835
David L Piccoli	Vice President	38 East Shore Road, Jamestown, RI 02835
David L. Piccoli, ■	Secretary	Same as above
David L. Piccoli, II	Treasurer	Same as above

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

Dated February 1, 19 93

SMART MANAGEMENT, INC.
(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

PAID
MAR 26 1993
OFFICE OF STATE



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: 0055027 Annual Report for the year: 1995

Name of Corporation: SMART MANAGEMENT, INC.

Business entity organized under the laws of the State of: Rhode Island
 For foreign entity, address and telephone number of principal office:
 Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
1319 Cranston Street
Cranston, RI. 02920
 Phone: (401) 944-4540
 Brief statement of the character of business conducted in Rhode Island:
To engage in business mgt. and consult services and any other lawful purpose and activities as permitted by the laws of the State of Rhode Island.

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT David L. Piccoli II	38 East Shore Road	Jamestown, RI.	02835
VICE PRESIDENT David L. Piccoli	38 East Shore Road	Jamestown, RI.	02835
SECRETARY David L. Piccoli II	38 East Shore Road	Jamestown, RI.	02835
TREASURER David L. Piccoli II	38 East Shore Road	Jamestown, RI.	02835

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
David L. Piccoli II	38 East Shore Road	Jamestown, RI.	02835
David L. Piccoli	38 East Shore Road	Jamestown, RI.	02835

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
600	Common	100	Common

Date: 2/20/95 19
 By: David L. Piccoli II
 PRINT OR TYPE NAME OF OFFICER SIGNING
 TITLE OF OFFICER SIGNING: President

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.

DAVID L. PICCOLI, II
 1313 CRANSTON STREET
 CRANSTON RI 02920

FILED
 FEB 26 1995
 [Signature]
 CH 2455

ing Fee \$ 50.00

273913

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

Corporate ID 65027 Annual Report for the year 1992

FIRST: The name of the corporation is Strategic Management and Reporting Team, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to engage in business management and consulting services and any other lawful purpose and activities as permitted by the laws of the state of Rhode Island

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 189 Canal Street, Providence, RI 02903

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

Name	Office	Address (including number, street, zip code)
David L. Piccoli, II	Director	38 East Shore Road, Jamestown, RI 02835
David L. Piccoli	Director	38 East Shore Road, Jamestown, RI 02835
	Director	
David L. Piccoli, II	President	38 East Shore Road, Jamestown, RI 02835
	Vice President	
David L. Piccoli	Secretary	38 East Shore Road, Jamestown, RI 02835
David L. Piccoli	Treasurer	38 East Shore Road, Jamestown, RI 02835

SEVENTH: Number of Shares authorized:

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

SEP 29 1992

EIGHTH: Number of Shares issued:

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

SECY OF STATE

Dated August 31, 19 92

Strategic Management and Reporting Team, Inc
(Name of Corporation)

By [Signature]

(Report must be signed by an officer)

Title