



**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. 116830		2. Name of Corporation ADVANCED IMAGE ENHANCEMENT, INC.			
3. Street Address Principal Business Office 1 Richmond Square, Suite 163W			City Providence	State RI	Zip 02906
4. Business Phone No. 401-831-6633 x 123		5. State of Incorporation DELAWARE			6. SIC Code 7872
7. Brief Description of the Character of Business Conducted in Rhode Island DIGITAL IMAGE PROCESSING					
President Name Michael J. Duarte			Vice President Name		
Street Address 306 VALENTINE STREET			Street Address		
City FALL RIVER	State MA	Zip 02720-	City	State	Zip
Secretary Name Alan Semine, MD			Treasurer Name Michael J. Duarte		
Street Address 337 Wellesley Street,			Street Address 306 VALENTINE STREET		
City Westin	State MA	Zip 02493	City FALL RIVER	State MA	Zip 02720-
Director Name Michael J. Duarte			Director Name Alan Semine, MD		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
AUTHORIZED SHARES		ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
3,000 COMM	\$0.01 par value per share		1,169	common	\$0.01

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



1 1 6 8 3 0

\*116830 FBC 01/26/05 03:33:47 PM\*

File Date 2/9/05

Check No. 3902175

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.

Michael J. Duarte 2/8/05  
Signature of Officer Date  
Michael J. Duarte  
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. 116830		2. Name of Corporation ADVANCED IMAGE ENHANCEMENT, INC.			
3. Street Address Principal Business Office 306 Valentine Street			City Fall River	State MA	Zip 02720
4. Business Phone No. (401) 832-1583		5. State of Incorporation DELAWARE		6. SIC Code 7586	
7. Brief Description of the Character of Business Conducted in Rhode Island DIGITAL IMAGE PROCESSING					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael J. Duarte			Vice President Name None		
Street Address 306 Valentine Street			Street Address		
City Fall River	State MA	Zip 02720	City	State	Zip
Secretary Name Alan Semine, M.D.			Treasurer Name Michael J. Duarte		
Street Address 306 Valentine Street			Street Address 306 Valentine Street		
City Fall River	State MA	Zip 02720	City Fall River	State MA	Zip 02720
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael J. Duarte			Director Name Alan Semine, M.D.		
Street Address 306 Valentine Street			Street Address 306 Valentine Street		
City Fall River	State MA	Zip 02720	City Fall River	State MA	Zip 02720
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
3,000 COMM NO PAR VALUE			1,169	Common	No Par

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



\* 1 1 6 8 3 0 \*

File Date 2.25.09  
Check No. 1001  
By: ICP  
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.

Michael J. Duarte 2/24/09  
Signature of Officer Date  
Michael J. Duarte  
Print or Type Name of Officer  
President  
Title of Officer



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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *116830*		2. Name of Corporation ADVANCED IMAGE ENHANCEMENT, INC.			
3. Street Address Principal Business Office 306 Valentine Street			City Fall River	State MA	Zip 02720
4. Business Phone No. (401) 832-1583		5. State of Incorporation DELAWARE			6. SIC Code 7586
7. Brief Description of the Character of Business Conducted in Rhode Island DIGITAL IMAGE PROCESSING					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael J. Duarte			Vice President Name None		
Street Address 306 Valentine Street			Street Address		
City Fall River	State MA	Zip 02720	City	State	Zip
Secretary Name Alan Semine, M.D.			Treasurer Name Michael J. Duarte		
Street Address 306 Valentine Street			Street Address 306 Valentine Street		
City Fall River	State MA	Zip 02720	City Fall River	State MA	Zip 02720
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael J. Duarte			Director Name Alan Semine, M.D.		
Street Address 306 Valentine Street			Street Address 306 Valentine Street		
City Fall River	State MA	Zip 02720	City Fall River	State MA	Zip 02720
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
3,000	COMM NO PAR VALUE		1,169	common	No Par

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

**FILED**

MAR 13 2003



\* 1 1 6 8 3 0 \*

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.

By *Michael J. Duarte*

313437

*Michael J. Duarte* 3/7/03  
Signature of Officer Date

Michael J. Duarte  
Print or Type Name of Officer

President  
Title of Officer

\*116830 FBC3/4/0312:46:00 PM\*

File Date \_\_\_\_\_

Check No. \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

RECEIVED  
CORPORATIONS DIV  
SECRETARY OF STATE



**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. **116830** 2. Name of Corporation **ADVANCED IMAGE ENHANCEMENT, INC.**  
3. Street Address Principal Business Office **c/o Slater Center for Interactive Technologies-Incubator** City **Providence** State **RI** Zip **02903**  
321 Main Street  
4. Business Phone No. 5. State of Incorporation **DELAWARE** 6. SIC Code **7586**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Digital Image Processing**

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

<b>President Name</b> Michael J. Duarte Street Address c/o Slater Center for Interactive Technologies-Incubator 321 Main Street City State Zip Providence RI 02903	<b>Vice President Name</b> n/a Street Address City State Zip
<b>Secretary Name</b> Alan Semine, N.D. Street Address c/o Slater Center for Interactive Technologies-Incubator 321 Main Street City State Zip Providence RI 02903	<b>Treasurer Name</b> Michael J. Duarte Street Address c/o Slater Center for Interactive Technologies-Incubator 321 Main Street City State Zip Providence RI 02903

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

<b>Director Name</b> Michael J. Duarte Street Address c/o Slater Center for Interactive Technologies-Incubator 321 Main Street City State Zip Providence RI 02903	<b>Director Name</b>  Street Address City State Zip
<b>Director Name</b> Alan Semine, M.D. Street Address c/o Slater Center for Interactive Technologies-Incubator 321 Main Street City State Zip Providence RI 02903	<b>Director Name</b>  Street Address City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

**AUTHORIZED SHARES**

Number of Shares	Class/Series	Par Value
3,000	COMM NO PAR VALUE	

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

**ISSUED SHARES**

Number of Shares	Class/Series	Par Value
1,111	Common	\$0

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



\* 1 1 6 8 3 0 \*

File Date: 1-22-02  
Check No.: 3052432  
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.  
Michael J. Duarte 1/11/02  
Signature of Officer Date  
Michael J. Duarte, President  
Print or Type Name of Officer