

Filing Period: January 1 - March 1

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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

Matthew A. Brown. Secretary of State

Corporations Divisio 100 North Main Stre Providence, Ri 02903-133 401.222.304

2005

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Fee: \$50.00

1. Corporate ID No. 2 Name of Corporation InESA, Inc. 104335 3. Street Address Principal Business Office State City Zip 50 Las Brisas East Greenwich RI 02818 Circle 1 Business Phone No 5 State of Incorporation 6. SIC Code (401) 885-7536 RHODE ISLAND 7285 Brief Description of the Character of Business Conducted in Rhode Island DEVELOPMENT & IMPLEMENTATION OF INFORMATION AND CONTROL SYSTEMS, CONSULTING 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Alexander Raykhman <u>Inesa Vinarskaya</u> Street Address Street Address 50 Las Brisas Circle **50 Las <u>Brisas Circle</u>** State 7.Ip State Zip East Greenwick | RI 02818 East Greenwich <u>| RI</u> J.02818.... Inesa Vinarskaya <u> Alexander Raykhman</u> Sirvet Address Street Address 50 Las Brisas Circle 50 Las Brisas Circle State City 7.10 State 02818 East Greenwick RI East Greenwich l RI 02818 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ATTESCHMENTS FILL IN SPACES BEFORE USING Director Name Director Name None Sirect Address Street Address State Zip City State Director Name Director Name Street Address Street Address 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 1,000 NO PAR VALUE <u>100 Shares</u> Common No Par 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 statemen contained herein. File Date 3 15 0 Signature of Officer Alexander Raykhman, President ml Print or Type Name of Officer FOR SECRETARY OF STATE USE ONLY Tide of Officer



Office of	STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State				
	ORATION ANN		FOR THE YEAR	200	401.222.30
1 Corporate ID No.	2. Name of Corporation inESA, Inc.	,			
3 Street Address Principal Busi 50 Las Brisas	ness Office		City East Greenwich	State RI	Zip 02818
4 Business Phone No (401) 885-753	16	5. State of Incorporation RHODE ISLAND			6 SIC Code 7286
7 Brief Description of the Char DEVELOPMENT &	ncter of Business Conducted in I IMPLEMENTATION OF IN	Rhode Island FORMATION AND CONTE	ROL SYSTEMS, CONSULTING		
President Name		: ("X" BOX FOR ATTAC	CHMENT)		G ATTACHMENTS
Alexander Ra	Alexander Raykhman Inesa Vinarskaya				

8. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ATTAC		ES BEFORE USING AT	TACHMENTS		
Alexander Raykhman Street Address 50 Las Brisas Circle			Vice President Name Inesa Vinarskaya Street Address 50 Las Brisas Circle				
							East Greenwich RI 02818
Secretary Name Inesa Vinarskaya	<i>3</i> а		Treasurer Name Alexander Raykhman				
Street Address 50 Las Brisas C:	ircle		Sirvei Address 50 Las Brisas C				
Cay East Greenwich	State RI	2ip 02818	City East Greenwich	State RI	Zip 02818		
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR AT Director Name NONE		6: (*X* BOX FOR ATT	TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name				
Street Address			Street Address				
City	State	Zip	Сиу	State	Ζψ		
Director Name			Director Name				
Street Address			Street Address				
City	State	Ζίρ	City	State	Zip		
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
1,000 NO PAR VALUE			100 Shares	Common	No Par		

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

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Ву:	By Chit 1816
FC FC	R SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this repo including any accompanying senegules and statements, and that all stateme contained herein are true and correct.

Alexander Raykhman, President

Print or Type Name of Officer

Title of Officer



Edward S. Inman, III, Secretary of Sta Corporations Divisio 100 North Main Street, Providence, RI 02903-133 401-222-304

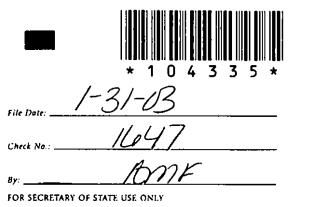
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-304

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 104335 InESA, Inc. 3. Street Address Principal Rusiness Office State ZIp 02818 50 Las Brisas Circle East Greenwich RI 4. Business Phone No. S. State of Incorporation 6. SIC Code (401) 885-7536 R Z. Brief Description of the Character of Business Conducted in Rhode Island RHODE ISLAND 7286 Development and implementation of information and control systems, consulting. 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Inesa Vinarskaya Alexander Raykhman Street Address Street Address 50 Las Brisas Circle 50 Las Brisas Circle State Zip 02818 02818 East Greenwich RI East Greenwich RT Secretary Name Treasurer Name Alexander Raykhman Inesa Vinarskaya Street Address Street Address 50 Las Brisas Circle 50 Las Brisas Circle City State City 02818 02818 RI East Greenwich RI East Greenwich 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name , Director Name None Street Address Street Address City State Zip City State Zip Director Name Director Name Street Address Street Address City ZIp State City 7.10 State 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES CENTAL SCIENCES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 NO PAR VALUE 100 Shares Common No Par

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

Print or Type Name of Officer



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 helein are true and correct.

OI/ 17/03

Signature of Officer

Date

Alexander Raykhman, President



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

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

PROFIT	CORPORATION	ANNUAL REPORT	FOR	THE	YEAR	2002
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(FORM MUST BE TYPED IN BLAC	CK)				
1. Corporate ID No.	2. Name of Corpora	tion	 .		
104335	INESA, INC.				
3. Street Address Principal Business (City	State	Zip
50 Las Brisas	Circle		East Greenw	ich R.I.	02818
4. Business Phone No.		5. State of Incorporation			6. SIC Code
(401) 885-7536		RHODE ISLAND			7286
7. Brief Description of the Character					
Development an	d implemen	tation of info	rmation and co	ontrol systems	, consulting.
8. NAMES AND ADDRESS	ES OF THE OFFI	CERS ("X" BOX FOR ATTACK	IMENT) FILL IN SPACE	S BEFORE USING ATTACI	HMENTS
President Name	_		Vice President Name		
Alexander Rayk	hman		Inesa Vinar	skaya	
Street Address	o: 1		Street Address		
50 Las Brisas			50 Las Brisa	as Circle	
City	State	ZIp	City	State	Zip
East Greenwich	R.I.	02818	East Greenw	ich R.I.	02818
Secretary Name	_		Treasurer Name	•	
Inesa Vinarska	ya		Alexander Ra	aykhman	
Street Address	C:1-		Street Address	a. 1	
50 Las Brisas			50 Las Brisa	as Circle	
City	State	Zip 00010	City	State	7.ip
East Greenwich		02818	East Greenwi		02818
9. NAMES AND ADDRESS Director Name NONE	ES OF THE DIRE	ECTORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACE Director Name	CES BEFORE USING ATTA	CHMENTS
Street Address			Street Address		
!			•		
City	State	Zip	City	State	Zip
Director Name			Director Name		
			•		
Street Address			Street Address		
			•		
City	State .	Zip	, Cuy	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	' (*X* BOX FOR ATTA	ICHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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1,000 110 17111 171202			100 SHS	Common	No Par
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711				• • • •	·
This report must be signe	d in ink by eith	er the President, Vice P	resident, Secretary, Ass	istant Secretary, Treasur	er, Receiver or Trust
		E			



File Date: .	FILED	
	1411 0 0 2002	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements conjuined herein are true and correct.

Signature of Officer



Corporations Divisi 100 North Main Street, Providence, RI 02903-13 401-222-30

2001 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Corporate 104335	2. INESA Corpa	ve.			
Street Address Principal Business Off			City	State	Zip
50 Las Brisas	Circle		E. Greenwich	n RI	02818
Business Phone No. (401) 885-7536		5. KHOBE°°TSL'AND			6. 7286
Brief Description of the Character of Development &		n Rhode Island .ation of inform	nation & contr	ol systems. d	consulting
NAMES AND ADDRESSE	S OF THE OFF	CERS ("X" BOX FOR ATTACHN	MENT) FILL IN SPACES Vice President Name	S BEFORE USING ATTA	CHWENTS
Alexander Rayk	nman		: Inesa Vinars	skaya	
eet Address 50 Las Brisas (Circle		Street Address 50 Las Brisa	s Circle	
E. Greenwich	State RI	Zip 02010	City	State	Zip
	KI	02818	E. Greenwich	ı RI	02818
relary Name Inesa Vinarskay	/a		Treasurer Name Alexander Ra	ykhman	
eer <i>Address</i> 50 Las Brisas (Circle		Street Address 50 Las Brisa	s Circle	
E. Greenwich	State RI	21p 02818	E. Greenwich	State 1 RI	Zip 02818
NAMES AND ADDRESSE: ector Name None	S OF THE DIRI	ECTORS (*X* BOX FOR ATTAC	HMENT) FILL IN SPAC Director Name	ES BEFORE USING ATT	
eet Address			Street Address		
r	State	Z1p	i : Cuy	State	ZIp
ector Name			, Director Name	• • • • • • • • • • • • • • • • • • • •	• •
cet Address			Street Address		
y	State	Zip	City	State	Zip
. SHARES AUTHORIZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	T)
inher of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHARES NO PA	AR VALUE		100	Common	no pa:



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

that all statements contented herein are true and correct.



James R. Langevin, Secretary of St. Corporations Divisi 100 North Main Street, Providence, RI 02903-13 401-222-36

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000



. Name of Corporation INESA, INC.				
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INESA, INC.				
•		City	State	Zip
e	5. State of Incorporation	East Greenwich	RI	02818 6. SIC Code
siness Conducted in Rho lementation	RHODE ISLAND de Island of information	and control systems	s, consulting.	7286
				MENTS
		Inesa Vinarskaya	1	
	Zip	. 50 Las Brisas Ci	ircle State	Zip
RI	02818	East Greenwich	. RI	. 02818
		Alexander Raykhn	nan	
	Zip	50 Las Brisas Ci	rcle	Zip
RI OF THE DIRECT	02818 ORS (*X* BOX FOR ATTAC		RI BEFORE USING ATTAC	02818 HMENTS
		Street Address		
tate	Zip	City	State	Zip
		Director Name	•	
		Street Address		
ate	Zip	City	State	Zip
* BOX FOR ATTACHN	(ENT)	11. SHARES ISSUED (*x*) * ISSUED SHARES	BOX FOR ATTACHMENT)	
lass/Series	Par Value	Number of Shares	Class/Sertes	Par Value
VALUE		100	Common	No Par
	e tate RI OF THE DIRECTO	S. State of incorporation RHODE ISLAND Islands Conducted in Rhode Island Ilementation of information OF THE OFFICERS (*X* BOX FOR ATTACH e tate Zip RI 02818 OF THE DIRECTORS (*X* BOX FOR ATTACH tate Zip RI 02818 OF THE DIRECTORS (*X* BOX FOR ATTACH tate Zip tate Zip	S. State of incorporation RHODE ISLAND Islaness Conducted in Rhode Island Illementation of information and control systems OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BET Vice President Name Inesa Vinarskaya Street Address East Greenwich Treasurer Name Alexander Raykhn Street Address East Greenwich City RI 02818 East Greenwich City RI 02818 East Greenwich OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES E Director Name Street Address Late Zip City Director Name Street Address City Director Name Street Address Late Zip City Director Name Street Address Director Name Street Address Director Name Street Address Director Name Street Address Director Name Street Address	S. State of incorporation RHODE ISLAND residents Conducted in Rhode Island residents action of information and control systems, consulting. OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACH Vice President Name Inesa Vinarskaya Street Address E

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



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Check No.:	JAN 2 0 2000	
Ву:	Mr 1178	
FOR SECRETAR	STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, an that all systements contained herein are true and correct.

A systements consumed never are true and correct

Signature of Officer Date

Alexander Raykhman

Print or Type Name of Officer

President