



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 02903-133
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 104335		2. Name of Corporation InESA, Inc.			
3. Street Address: Principal Business Office 50 Las Brisas Circle			City East Greenwich	State RI	Zip 02818
4. Business Phone No. (401) 885-7536		5. State of Incorporation RHODE ISLAND			6. SIC Code 7285
7. 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Alexander Raykhman			Vice President Name Inesa Vinarskaya		
Street Address 50 Las Brisas Circle			Street Address 50 Las Brisas Circle		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Inesa Vinarskaya			Treasurer Name Alexander Raykhman		
Street Address 50 Las Brisas Circle			Street Address 50 Las Brisas Circle		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
Street Address			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"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
1,000 NO PAR VALUE					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series	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



104335

File Date 3/15/05

Check No. 251

By: kmc

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

Alexander Raykhman, President

Print or Type Name of Officer

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 02903-13
401.222.30

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. 104335		2. Name of Corporation InESA, Inc.			
3. Street Address Principal Business Office 50 Las Brisas Circle			City East Greenwich	State RI	Zip 02818
4. Business Phone No. (401) 885-7536		5. State of Incorporation RHODE ISLAND			6. SIC Code 7286
7. 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Alexander Raykhman			Vice President Name Inesa Vinarskaya		
Street Address 50 Las Brisas Circle			Street Address 50 Las Brisas Circle		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Inesa Vinarskaya			Treasurer Name Alexander Raykhman		
Street Address 50 Las Brisas Circle			Street Address 50 Las Brisas Circle		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name		
Street Address			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"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
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



* 1 0 4 3 3 5 *

FILED

File Date

FEB 06 2004

Check No.

By *CM* #1816

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.

Alexander Raykhman
Signature of Officer

01/12/2004
Date

Alexander Raykhman, President

Print or Type Name of Officer

Title of Officer



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

Edward S. Inman, III, Secretary of Sta.
Corporations Division
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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

104335

InESA, Inc.

3. Street Address Principal Business Office

50 Las Brisas Circle

City

East Greenwich

State

RI

Zip

02818

4. Business Phone No.

5. State of Incorporation

6. SIC Code

(401) 885-7536

RHODE ISLAND

7286

7. Brief Description of the Character of Business Conducted in Rhode Island

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

Alexander Raykhman

Vice President Name

Inesa Vinarskaya

Street Address

50 Las Brisas Circle

Street Address

50 Las Brisas Circle

City

East Greenwich

State

RI

Zip

02818

City

East Greenwich

State

RI

Zip

02818

Secretary Name

Inesa Vinarskaya

Treasurer Name

Alexander Raykhman

Street Address

50 Las Brisas Circle

Street Address

50 Las Brisas Circle

City

East Greenwich

State

RI

Zip

02818

City

East Greenwich

State

RI

Zip

02818

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

Director Name

None

Director Name

Street Address

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)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

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



* 1 0 4 3 3 5 *

File Date: 1-31-03

Check No.: 1647

By: RMF

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: Alexander Raykhman Date: 01/17/03

Alexander Raykhman, President

Print or Type Name of Officer



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1331
401-222-3041



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. 2. Name of Corporation

104335

INESA, INC.

3. Street Address Principal Business Office

50 Las Brisas Circle

City

East Greenwich

State

R.I.

Zip

02818

4. Business Phone No.

(401) 885-7536

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7286

7. Brief Description of the Character of Business Conducted in Rhode Island

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

Alexander Raykhman

Vice President Name

Inesa Vinarskaya

Street Address

50 Las Brisas Circle

Street Address

50 Las Brisas Circle

City

East Greenwich

State

R.I.

Zip

02818

City

East Greenwich

State

R.I.

Zip

02818

Secretary Name

Inesa Vinarskaya

Treasurer Name

Alexander Raykhman

Street Address

50 Las Brisas Circle

Street Address

50 Las Brisas Circle

City

East Greenwich

State

R.I.

Zip

02818

City

East Greenwich

State

R.I.

Zip

02818

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

Director Name

NONE

Director Name

Street Address

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)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100 SHS

Common

No Par

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



* 1 0 4 3 3 5 *

File Date: FILED

Check No.: JAN 09 2002

By: By Ce 1585

END 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

Alexander M. Raykhman

Print or Type Name of Officer

President

Date

01/02/02



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

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

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. **104335** 2. Name of Corporation **INESA, INC.**

3. Street Address Principal Business Office

50 Las Brisas Circle

City

E. Greenwich

State

RI

Zip

02818

4. Business Phone No.

(401) 885-7536

5. State of Incorporation
RHODE ISLAND

6. **7286**

7. Brief Description of the Character of Business Conducted in Rhode Island

Development & implementation of information & control systems, consulting

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

President Name

Alexander Raykhman

Vice President Name

Inesa Vinarskaya

Street Address

50 Las Brisas Circle

Street Address

50 Las Brisas Circle

City

E. Greenwich

State

RI

Zip

02818

City

E. Greenwich

State

RI

Zip

02818

Secretary Name

Inesa Vinarskaya

Treasurer Name

Alexander Raykhman

Street Address

50 Las Brisas Circle

Street Address

50 Las Brisas Circle

City

E. Greenwich

State

RI

Zip

02818

City

E. Greenwich

State

RI

Zip

02818

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

Director Name

None

Director Name

Street Address

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)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHARES NO PAR VALUE

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



* 1 0 4 3 3 5 *

File Date: **FILED**

Check No.: **JAN 22 2001**

By: **By 021320**

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

Alexander M. Raykhman

Print or Type Name of Officer

President

Date

01/16/2001



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

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

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. **104335** 2. Name of Corporation **INESA, INC.**

3. Street Address Principal Business Office

50 Las Brisas Circle

4. Business Phone No.

(401) 885-7536

5. State of Incorporation

RHODE ISLAND

City

East Greenwich

State

RI

Zip

02818

6. SIC Code

7286

7. Brief Description of the Character of Business Conducted in Rhode Island

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

Alexander Raykhman

Street Address

50 Las Brisas Circle

City

State

Zip

East Greenwich

RI

02818

Secretary Name

Inesa Vinarskaya

Street Address

50 Las Brisas Circle

City

State

Zip

East Greenwich

RI

02818

Vice President Name

Inesa Vinarskaya

Street Address

50 Las Brisas Circle

City

State

Zip

East Greenwich

RI

02818

Treasurer Name

Alexander Raykhman

Street Address

50 Las Brisas Circle

City

State

Zip

East Greenwich

RI

02818

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

Director Name

NONE

Street Address

City

State

Zip

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

1,000 SHARES NO PAR VALUE

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



* 1 0 4 3 3 5 *

File Date: 1-15-2000

Check No.: JAN 20 2000

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

Alexander Raykhman

Print or Type Name of Officer

President

Date

01/14/2000