

FOR SECRETARY OF STATE USE ONLY

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

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Filing Period: January 1 (FORM MUST BE TYPED OR PR.	March 1 • File	ing Fee: \$50.00	CI FOR THE TEA	2000	<u>/</u>	
1. Corporate II) No. 112039	1 .	2. Name of Corporation UNITED SOLUTIONS, INC.				
3. Street Address Principal Business 3. 8 Lord Ro		# 285	Harlboro	State H A	01752	
4. Business Phone No. 508 - 4 60 - 00 4 S	•	5. State of Incorporation MASSACHUSE			6. SIC CINIO 443120	
7. Brief Description of the Characte COMPUTER SOFTWA	r of Business Conducted (RE SALES AND SUP	n Rhode Island PORT				
8. NAMES AND ADDRESSE President Name Gregory	S OF THE OFFICER	S: ("X" BOX FOR AT	TACHMENT)	SPACES BEFORE USING	ATTACHMENTS	
Street Address 7 Greens	held Rd		Street Address			
Gily Franklin	State MA	Zip 02038	Cliy	State	Zip	
Socretary Name Gregory	A. Kirshe		Treasurer Name	••••••		
7 Greens	field Rd		Street Address			
cin Franklin	State MA	^{zip} 02038	City	State	Zip	
9. NAMES AND ADDRESSE Director Name Gregory	S OF THE DIRECTO		ATTACHMENT)	N SPACES BEFORE USIN	NG ATTACHMENTS	
Sirroi Address 7 Greek	isfield Rd		Street Address			
Franklik	State H Pr	02038	City	State	Zip	
Director Name			Director Name	•	••••••	
Street Address		•	Street Address			
City	State	Zíp	City	State	Zip	
10. SHARES AUTHORIZED AUTHORIZED SHARES	 	TACHMENT)	11. SHARES ISSUED (("X" BOX FOR ATTACH	MENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
12,500 NO PAR VALUE			50	Common	no par	
<u> </u>						
This report must be	signed in ink by ci	ther the President, Vice	e President, Secretary, Assista	ant Secretary, Treasurer, I	Receiver or Trustee	
	*11203	99•		npanying schedules and state	nat I have examined this report	



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 2004

2004____

rung Perioa: Janua	ry i - march i	•	Filing Fee: \$50.00
(FORM MUST HE TYPED	OR PRINTED IN BL	ACK)	

1. Corporate ID No	2. Name of Corpora	tion			
112039	UNITED SOLU	JTIONS, INC.			
3 Street Address Principal Busin 28 LOCA RC	iad, Suite	# 285	Mar Iboro	State MA	21p 01752
4. Business Phone No. 508 - 4 60 - 00	745	5. State of Incorporation MASSACHUSET			6. SIC Code 443120
7. Brief Description of the Chara COMPUTER SOFTM	icter of Business Conducted	in Rhode Island	10		
8. NAMES AND ADDRES			TACHMENT)	SPACES BEFORE USING	ATTACHMENTS
President Name	ŗ		Vice President Name		
Street Address	A. Kirshe		Street Address		
7 Gree	nsfield Rd			<u> </u>	
Franklin	State NA	02038	City	State	Zip
Secretary Name GYEGOY	y A. Kirshe		Treasurer Name G1EQ0M	A. Kirshe	
SINTEN MARKINESS -	insfield Rd		Sircei Address	insheld Rd	
Fanklin	State M A	Zip 02038	cin Franklin	State MA	02038
9. NAMES AND ADDRES	I			SPACES BEFORE USIN	
Director Name			Director Name		
Sirrei Address			Street Address		
City I Grec	nsfield Rd		-		
Franklin	State HA	02038	City	State	Zip
Director Name		•••••	Director Name		••••••••••••••
Street Address		<u> </u>	Street Address		
City	State	Zip	City	State	Zıp
10. SHARES AUTHORIZE	 ED <i>("X" BOX FOR A</i>	TTACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACH!	MENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
12,500 NO PAR VALUE			50	common	no par
This report must	be signed in ink by e	ither the President. Vice	President, Secretary, Assista	nt Secretary Treasurer F	Peceiver or Trustee
	g	mor the Freshdom, Tree	Tresident, occidently, resista	ne Secretary, Treasurer, P	vecesses of student
			Under penalty of per	jury, I declare and affirm the	at I have examined this repor
	1 1 2 0 3	9 *	including any accom- contained herein are		ements, and that all statemen
File Date 219	04	_	frefing.	akonhe	2/9/04
Check No. <u>2658</u>	<u> </u>	_	Signiture of Officer	4 Vich	Date
By: \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\			Print or Type Nayle o	11 - 113 ···C	
,	F STATE USE ONLY	_	Principa	e and President	<u> </u>

Title of Officer



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

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Filing Period:	CORPORA January 1-Mar	IION A ch 1 • Fil	NNUAL REP ling Fee: \$50.00	ORT FOR THE	YEAR <u>2003</u>	PELASE, RI INSTRUCTI
1. Corporate ID No.		ne of Corporation				
112039 3. Street Address Princ	UN Cipal Business Office	NITED SOLUTION	ONS, INC.	23.4m		
2 4 Business Phone No	8 Lord Rd	•	# 285 5. State of Incorporation	Harlboro	State MA	01752 6. SIC Gode
5	03-460-00	45	MASSACHUSETTS			943120
7. Brief Description of	the Character of Business		de Island .			1101
O MANAGE AND			and services			
President Name	ADDRESSES OF	THE OFFICER	S ("X" BOX FOR ATTACHM	(ENT) FILL IN SPACES BEF - Vice President Name	ORE USING ATTACHM	ENTS
	aregory A.			Street Address		·
•	7 Greensfield	l Rd.				
city Frank	State	4 A	02038	City	State	Zip
Secretary Nume	_			Treasurer Name		
Street Address	Gregay A.			Street Address Gregory	A. Kirste as above	
City	Same as	abue	Zip	city	as above	Zip
9. NAMES AND Director Name	ADDRESSES OF 1	THE DIRECTO	ORS (*X* BOX FOR ATTAC		EFORE USING ATTACH	MENTS
	- Dreamy A	Link.		Director Name		
Street Address	aregory A. 7 Greensfi	eid Pd		Street Address		
city Fran	State	MA MA	^{zip} 07.038	City	State	Zip
Director Name				Director Name		
Street Address				Street Address		
City	State		Zip	City	State	Zip
10. SHARES AUT	THORIZED ("X" BO	X FOR ATTACHM	ENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	
Number of Shares	Glass/\$	eries	Par Value	Number of Shares	Class/Series	Par Value
12,500 NO PAR	VALUE			50	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 2 0 3 9 *
File Date: ,	2/12/03
Chrick No.:	26419
iy <u></u> _	Si Si
OR SECRETARY	OF STATE USE ONLY

	•
Under penalty of perjury, I declare and affirm that	t I have examined
this report, including any accompanying schedule	s and statements, an
that all statements contained hegein are true and o	correct.
Show (IKmhi	2/10/13
Standaure of April 1	vate
Ciregory H. Kirshe	
Print or Type Same of Officer	
Mincipal	
Title of Officer	Form 630 12/02



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

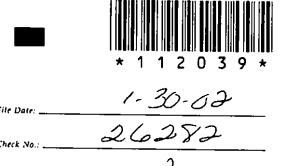
PROFIT CORPORATION	ANNUAL REPORT FOR THE YEAR	2002
Filing Period: January 1-March 1	Elling Feet \$50.00	



ORM MUST BE TYPED IN BLACK)					/ 3
Corporate ID No.	2. Name of Carporation				
112039	UNITED SOLUT	TIONS, INC.			
itreet Address Principal Business Offic 28 LOARD, Business Phone No.	Suite #		Harlboro	State MA	²¹ 01762
(508) 460-004 S lef Description of the Character of Ri	usiness Conducted in R.	5. State of Incorporation MASSACHUSET hode Island	TS		6. SIC Code 443120
Salcs and softwa Names and addresses		ERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES E	BEFORE USING ATTACI	HMENTS
den Name Steven A. M 1 Address	Vasielensti		Vice President Name	Łirshe-	
5 Diane Dr		Zip	Street Address U U Gity The Greens for	eld Rd	Zip
Medway		02023	Franklin Treasurer Name	. MA	02038
Address 5 Dlahe	A. Wasielen Dnue	/{kι	Gregory Street Address 7 Greens	A. Kishe fald pd	
	tate MA	zip 02053	trunklin	State HA	^{21p} 02038
AMES AND ADDRESSES	OF THE DIRECT	ORS ("X" BOX FOR ATT		S BEFORE USING ATTA	
Address Steven A.	Wasiclews	Ki	Director Name Street Address		
5 Diana	e Dhve				
Medway	MA)	62053	City	State	ZIp
or Name Greyong A	t. Kirshe-		Director Name		·
	insfield Rd	, ,	Street Address		
Franklin "	M P	02038	City	State	Zip
HARES AUTHORIZED (*x DRIZED SHARES	(* BOX FOR ATTACH	MENT)	11. SHARES ISSUED ("X	* BOX FOR ATTACHMENT)	
	lass/Series	Por Value	Number of Shares	Class/Series	Far Value
,500 NO PAR VALUE			50	Common	no par

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

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FOR SECRETARY OF STATE USE ONLY

Under genalty of perjury, I declare and affirm that I have examined this report, including thy accompanying schedules and statements, and Wasielewski Steven A



Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

Office of the Secretary of State



PROFIT COR	PORATION	ANNIIAI RI	EPORT FOR TH	E VEAR 200	$1 \qquad STC$
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(FORM MUST BE TYPED IN E	BLACK)				
1. Corporate ID No. 112039	2. Name of Corpora UNITED SO	LUTIONS, INC.	•		•
3. Street Address Principal Busin	, Suite #2	« \$	city Hallbaro	State HA	^{ZIP} 01752
4. Business Phone No. (508) 460 - 004 5 7. Brief Description of the Chara		5. State of Incorporation MASSACHUSE			6. SIC Code 443120
	ware and tr				
8. NAMES AND ADDR President Name				BEFORE USING ATTAC	CHMENTS
Sleven A. Wo	ssiejewski		Vice President Name Gregory	A Kishe	
street Address 5 DIANC DY	Ne			nsheid Rd.	
Medway	State NA	^{ZIP} UZOS3	Franklin	State MA	^{Z.Ip} OZO38
Secretary Name			Treasurer Name	+. Kirshe	
Street Address			Street Address 7 (2000)	isheld Rel	
City	State	Zip	cir Franklin	State MA	21p 02038
9. NAMES AND ADDR	ESSES OF THE DIRI	ECTORS ("X" BOX FOR A	TACHMENT) FILL IN SPAC	ES BEFORE USING ATT	ACHMENTS
Skuch A. '	Wasielewski		Director Name Grego	ng A. Kishe	
street Address 5 Dilline D	nve		Street Address 7 Gt	ng A. Kishe eensfield Rd	
Hedway	Sinte MA	02053	Fanklin	State MA	2ip 02038
Director Name			Director Name	•	•
Street Address ,			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ZED (*X* BOX FOR ATT.	ACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	τ)
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12,500 NO PAR	VALUE		50	common	no pair

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File Date:	*112039*
Check No.: _	26139
Ву:	di
FOR SECRET	ARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that	t I have examined 🔍
this report, including any accompanying schedule	s and statements, and
that all statements contained herein are true and o	correct.
Theyny I Konth	1/25/01
Signature of Officer D	1 27/01
GREGORY A. KIRSHE	
Print or Type Name of Officer	 -
VICE PRESIDENT	<u></u>
Title of Officer	