

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 Divisit 100 North Main Stre Providence, RI 02903-13; 401.222.30-

Filing Period: January 1 - M	arch 1 • Filing	UAL REPORT	FOR THE YEAR	2005	<u> </u>
(FORM MUST BE TYPED OR PRIN 1. Corporate ID No	TED IN BIACK)  2 Name of Corporation	<del></del>		<del></del>	
92042	Traction Softwar	e, Inc.			
3. Street Address Principal Business C 245 WATERMA	N ST SUITE	<b>3</b> 09	PROVIDENCE	State	<sup>Zip</sup> <b>©2906</b>
4. Business Phone No. 401 - 528 - 11	• •	5. State of Incorporation RHODE ISLAND			6. SIC Code 7872
7 Brief Description of the Character of TO DEVELOP SOFTWA	of Business Conducted in RI	ode Island	· · · · · · · · · · · · · · · · · · ·		·
8. NAMES AND ADDRESSES President Name			Vice President Name	CES BEFORE USING	ATTACHMENTS
Street Address			Street Address		
446 WOULIS	<del>,</del>	<del></del>	103 rampens	τ 	
bron 12 erce	[CE	<sup>7.(p</sup> 02906	Pawtucket	State	02860
CHRISTOPHER	MOZUM-		<del></del>	(V)	
101 LOWDEN	57		Sircei Addres 446 Morris	AVE	
PAWTUCKET	State	07400	ciù bronvence	State PI	02906
9. NAMES AND ADDRESSES Director Name	OF THE DIRECTORS	S: ("X" BOX FOR ATT		ACES BEFORE USIN	G ATTACHMENTS
^	المري		STEVEN WE	NSTEIN	<del></del>
446 MORRIS	AVE	Υ	TN2 SOUTHA!	upton DR	
Sucridence	State (L)	0280G	CITY DAW ALTO	State	94303
	pareman		Director Name	sonb -	-
<del></del>	MEC 3 DAV	iol sq	Street Address		
bronderce	,	<sup>210</sup> 02903	Cuy	State	Zη
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHM	IENT) 🗌
Number of Shares	Class Series	Par Value	Number of Shares	Class/Series	Par Value
2,697,151 COMM \$0.01 PAR	VALUE, 1,162,949 PR	EF \$0.01 PAR VALUE	757,793	Common	\$0,01
			772,594	PREF	80.01
This report must be s	igned in ink by cithe	r the President, Vice Pr	esident, Secretary, Assistant Se	ecretary, Treasurer, R	ecciver or Trustee
	*92042*	1861	including any accompany	ing schedules and state	t I have examined this rep ments, and that all stateme
File Date 2-22	-05		contained herein herein	7800	2/18/205
20	23		Signature of Officer		Date

GIECOTY R. LLOYD

Print or Type Name of Officer

PLBIDENT

Title of Officer



Check No.

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 Divisio 100 North Main Stre-Providence, RI 02903-133 401.222,304

TIT CORROBATION ANNUAL PEROPERSON MAD THE LE

PROFIT CORPORA'		UAL REPORT	FOR THE YEAR	2004	····		
FORM MUST BE TYPED OR PRINTED	**						
92042 2.	Name of Corporation  Traction Software	. Ine					
Street Address Principal Business Office 245 WATERMA	Traction Software いろて さい	<del> </del>	PROVIDENCE	State PZ	Zip 02906		
Business Phone No. 401 - 528 - 1145		5. State of Incorporation	<u> </u>		6. SIC Code		
Brief Description of the Character of Bu	siness Conducted in Rh	RHODE ISLAND	<u>.</u>		7872		
TO DEVELOP SOFTWARE S B. NAMES AND ADDRESSES OF		(*Y" ROY FOR 47740	SUMENT) [] CILL IN COA	CEE DEPORE HEING	TTACIBATENTE		
President Name		( X BOX FOR ATTAC	Vice President Name	CES BEFORE USING A	TIACHMENTS		
GREGORY L	1000		CHUISIOPHEU	MOZUM			
446 MORRIS A	JE		1362 HOPE S	ŞΤ			
PROVIDENCE	" P-5	०२५०७	City BRISTOL	State 25	02809		
CHUIZAODHBU Geclaari Name	- NUZUW	<u> </u>	Treasurer Name  GREGON LLO	40			
irror Address 1362 HOPE S			Street Address 446 MORRIS AVE				
BRISTOL Sta	NI	<sup>%</sup> 02809	CITYPENCE	State RI	21p 02906		
). NAMES AND ADDRESSES OF Director Name	THE DIRECTORS		ACHMENT)   FILL IN SP	ACES BEFORE USING	ATTACHMENTS		
PLEGOW, road			· ·	MSTEIN			
	AVE		SIRCH Address 772 SOUTHA	mpton Da			
Providence Sta	ωz.	02906	PALO ALTO	State CA	<sup>719</sup> 94303		
THORNE SPARK	MAN		Director Name  - NONE -				
SLATER CENTER 3	DAVOL SG	<del>.</del>	Street Address	· <del>· -</del>			
SUPPLIES SA	"Q <del>-</del> C	<sup>Zip</sup> 02903	City	State	Zφ		
10. SHARES AUTHORIZED ("X"	BOX FOR ATTA	• •	11. SHARES ISSUED ("X" ISSUED SHARES	 BOX FOR ATTACHM	ENT)		
Number of Shares Clas	w Series	Par Value	Number of Shares	Class Series	Par Value		
2,697,151 COMM \$0.01 PAR VAI	LUE, 1,162,949 PR	EF \$0.01 PAR VALUE	757,793	common	80,01		
			<b>118,594</b>	biet	\$0.01		
This report must be signe	ed in ink by either	the President, Vice Pre	esident, Secretary, Assistant S	ecretary, Treasurer, Re	ceiver or Trustee		
				ing schedules and statem	I have examined this reponents, and that all statements.		

Signature of Officer

Signature of Officer

Date

Signature of Officer

Print or Type Name of Officer

President

Title of Officer



Edward S. Inman, III, Secretary of State 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 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation



92042 Traction Softwar	e, Inc.			
3. Street Address Principal Business Office 245 WATERMAN ST SUITE	2009	PROVIDE NCE	CT.	<sup>Zip</sup> 02906
4. Business Phone No. 401 - 528 - 1145	5. State of incorporation  RHODE ISLAND			6. SIC Code 7872
7. Brief Description of the Character of Business Conducted in Rho DEVELOP AND SELL COMPUT	_			
8. NAMES AND ADDRESSES OF THE OFFICER President Name	RS (*X* BOX FOR ATTACHN	Vice President Name	RE USING ATTACHME	NTS
Gregory reads		CHUISLEUMEU	いいそっか	
416 MORRIS AVE		INO WEDMEN	8T #93	
CITY PROUDENCE STORE	02906	DUONIDENCE	DI	07806
Secretary Name CHRISTOPHER NUZUM		GREGOW	LLOYD	
Street Address 140 MED WAY ST #93		446 MORRIS	s Ave	
City PROVIDENCE State UI	<sup>21f</sup> 02906	SUCTIONIE	State NI	02906
9. NAMES AND ADDRESSES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	· · · · · · · · · · · · · · · · · · ·	FORE USING ATTACHN	IENTS
GREGORY LLOYD		STEVEN WEIN	STEIN	
446 MORRIS AVE		51reet Address 772 SouthAm	DEN DRIVE	
PROJIDENCE State RI	<sup>2.19</sup> 029060	PAW ALTO	CA	94303
THORNE SPARFMAN		DEFFIEL ME	E139	
Street Address 3 DAVOL SEVARE ROOM	A-301	S WHITNEY	_	
PROVIDENCE PLANT	02903	rizcory	State	02865
10. SHARES AUTHORIZED ("X" BOX FOR ATTACH! AUTHORIZED SHARES	MENT)	11. SHARES ISSUED (*X* BC ISSUED SHARES	OX FOR ATTACHMENT)	
Number of Shares Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,697,151 COMM \$0.01 PAR VALUE, 1,162,949 PA	REF \$0.01 PAR VALUE	<b>15</b> 7,793	Comm	\$0.01
		719,319	pref	हें०.०।

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

	* 9 2 0 4 2 *
ile Date: _	2-27-03
heck No.:	1787
y:	AMF
OR SECRE	TARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this Mort, including my agrompanying schedules and statements, and contained herein are true and correct. ald statements 2 U E EPU 2003 Date R. LLOYD GREGOR Print or Type Name of Officer

**BURNERU** 



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 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLA	ICK)				
1. Corporate ID No	2 Nume of Corporatio	n - · <del>-</del>			<u> </u>
92042 3. Street Address Principal Business	Twisted Office	Systems, Inc.	City	State	Zip
245 Waterman Str	eet, Suite 309	5. State of Incorporation	Providence	RI	02906 6. SIC Code
528-1145 7. Brief Description of the Character	r of Business Conducted in F	RHODE ISLAN	D		7872
To develop softw.  8. NAMES AND ADDRES President Name		ERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES I Vice President Name	BEFORE USING ATTAC	HMENTS
Gregory R. Lloyd Street Address			Christopher Nu	Zum	
245 Waterman Stre	eet, Suite 309	Zip	245 Waterman S	treet, Suite 30	
Providence Secretary Name	RI	02906	Providence	RI	<sup>Zip</sup> 02906
Christopher Nuzus	on and a second		Gregory R. Llo	yd	
245 Waterman Str	eet, Suite 309		245 Waterman S	treet, Suite 30	9
Providence	RI	<i>Σίρ</i> <b>02906</b>	City	State	Zip
9. NAMES AND ADDRES.  Director Name			Providence  ACHMENT) FILL IN SPACE  Director Name	RI S BEFORE USING ATTA	02906 CHMENTS
Gregory R. Lloyd Street Address			Timothy Simons	on	
245 Waterman Stre	eet, Suite 309	Zip	245 Waterman S	treet, Suite 30	9 Zip
Providence Director Name	RI	02906	Providence Director Name	RI	02906
Steven Weinstein Succe Address			Joseph Caruso Street Address		
245 Waterman Str	eet, Suite 309	Zip	50 Bay Colony	Drive State	Zip
Providence 10. SHARES AUTHORIZED AUTHORIZED SHARES	RI D (*x* box for altaci	02906 (MENT)	Westwood 11. SHARES ISSUED (*) (ISSUED SHARES	MA N* BOX FOR ATTACHMENT	02090
Number of Shares 1,000,000 \$.01 PA	Class/Series AR VALUE OF WH	Par Value ICH	Number of Shares	Common	Par Value
700,000	Соштоп	\$.01	344,813	Series A	\$.01 Par Value
300,000	Series A Convertible 1	Preferred \$.01	120,328	Convertible Preferred	\$.01 Par Value
300,000 This report must be signe	Convertible 1	· <del>-</del>		Preferred	

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

Date

12 mar 2

Gregory R. Lloyd

Print or Type Name of Officer

President

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

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: Janua	ry 1 - march 1 • F	iling Fec: \$50.00			PTFASERE INSTRUCTION
(FORM MUST BE TYPED IN B	LACK)				
1. Corporate ID No. 92042	2. Name of Corporation Twisted Sy	"                         stems, Inc.	• •	<del> •</del>	
3. Street Address Principal Busine	ess Office		City:	State	Zip
4. Business Phone No.	treet, Suite 30	5. State of Incorporation RHODE ISLAND	Providence	RI	02906 6. sic code 7872
528-1145 7. Brief Description of the Charac	ter of Buriners Candusted in S				7012
		inoae Island			
To develop sof 8. NAMES AND ADDRI President Name		ERS (*x* box for attach)	MENT) FILL IN SPACES  Vice President Name	BEFORE USING ATTA	CHMENTS
Gregory R. Llo	yd		Christopher Nu	zum	
245 Waterman S	treet, Suite 30	9 Zip	245 Waterman S	treet, Suite 30	1 <b>9</b> Zip
Providence Secretary Name	RI	02906	Providence Treasurer Name	RI	02906
Christopher Nu	zum		- Gregory R. Llo	yd	
245 Waterman S	treet, Suite 30	19	245 Waterman S	treet, Suite 30	19
City	State	Zip	City	State	Zip
Providence	RI	02906	Providence	RI	02906
9. NAMES AND ADDRE	SSES OF THE DIREC	TORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACE Director Name	ES BEFORE USING ATT	CACHMENTS
Gregory R. Llo	•		Christopher Nu:	zum	
	treet, Suite 30	9	245 Waterman S	treet, Suite 30	9
City	State	Zip	City	State	Zip
Providence Director Name	R1	02906	Providence	RI	02906
Steven Weinste	in		Director Name		
Street Address	X.U		Joseph Caruso Street Address		
245 Waterman S	treet, Suite 30	9	50 Bay Colony 1	Driva	
City	State	Zip	City	State	71-
Providence	RI	02906	Westwood	MA	21p 02090
10. SHARES AUTHORIZ AUTHORIZED SHARIS			11. SHARES ISSUED (* ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VA	<b>NLUE</b>		1		
	_		686 1/8	Common	No Par Value

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



File Date: \_\_\_

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 berein are true and correct.

Gregory R. Lloyd

Print or Type Name of Officer

President



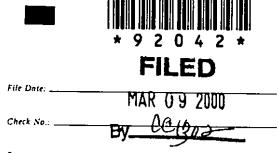


James R. Langevin, Secretary of St Corporations Divis. 100 North Main Street, Providence, RI 02903-13 401-222-36

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

, , , , , , , , , , , , , , , , , , , ,	- 1.001.010	1 350.00	,		INSTRUCTO
(FORM MUST BE TYPED IN BLA					
1. Corporate ID No. 92042	2. Name of Corpo Twisted	Systems, Inc.	<del> </del>		
3. Street Address Principal Business	Office		City	State	Zip
245 Waterman Stre	et, Suite 3	09	Providence	RI	02906
4. Business Phone No. 528-1145		5. State of incorporat RHODE ISLA			6. SIC Code 7872
7. Brief Description of the Character	of Business Conducted	f in Rhode Island			
To develop softwar	re systems				
8. NAMES AND ADDRESS President Name		FICERS (*x* box for at	TACHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	ACHMENTS
Gregory R. Lloyd Street Address			: Christopher Nu	zum	
245 Waterman Stree	et, Suite 30	)9 Zip	. 245 Waterman S	treet, Suite 3(	)9 <i>Zip</i>
Providence Secretary Name	RI	02906	Providence	RI	02906
Christopher Nuzum Street Address			Gregory R. Llo	yd	
245 Waterman Stree	et, Suite 30 State	)9 zip	245 Waterman S	treet, Suite 3(	)9 Zip
Providence	RI	02906	Providence	RI	02906
9. NAMES AND ADDRESS Director Name	SES OF THE DIE	RECTORS (*X* BOX FOR )		ES BEFORE USING AT	
Gregory R. Lloyd Street Address			Christopher Nu:	zum	
245 Waterman Stree	et, Suite 30 State	)9 Zip	245 Waterman S	treet, Suite 30	)9 <i>zip</i>
Providence Director Name	RI	02906	Providence	RI	02906
Steven Weinstein Street Address			Street Address		
245 Waterman Stree	et. Suite 30	19	Junit Addits		
City	State	Zip	City	State	2ip
Providence	RI	02906	• •	<b>31511</b>	z.iy
10. SHARES AUTHORIZEI AUTHORIZEI SHARES	) (*X* BOX FOR AT		11. SHARES ISSUED (*	X" BOX FOR ATTACHMEN	(T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Vulue
2,000 SHS NO PAR	VALUE		2, 2	Q. = > > , Q	rui vuiuc
			686 1/8	Common	No Par Value
			!		

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



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 concained herein are true and correct.

Date

5 MARCH 2003

Gregory R. Lloyd

President

Print or Type Name of Officer



James R. Langevin, Secretary of St. Corporations Divisi 100 North Main Street, Providence, RI 02903-13 401-277-36

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

92042

3. Street Address Principal Business Office

Twisted Systems, Inc.

245 Waterman Street, Suite 309

City

State

Zip

4. Business Phone No.

5. State of Incorporation

RI

02906 6. SIC Code

528-1145

RHODE ISLAND

7872

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

To develop software systems.

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

President Name

Vice President Name

Providence

Gregory R. Lloyd

Street Address

City

Christopher Nuzum

Street Address

245 Waterman Street, Suite 309

State

City

State

Zip

Providence Secretary Name

RI

State

02906

Zip

Zip

Providence

RI

02906

Christopher Nuzum

Street Address

Gregory R. Lloyd

Street Address

Treasurer Name

245 Waterman Street, Suite 309

245 Waterman Street, Suite 309 State

Zip

Providence

245 Waterman Street, Suite 309

02906

Providence

RI

02906

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

Director Name

Director Name

Gregory R. Lloyd

Street Address

Christopher Nuzum

Street Address

245 Waterman Street, Suite 309 City

7.ip

245 Waterman Street, Suite 309 City

Zip

Providence

RI

02906

State RI

Director Name

Providence Director Name

02906

Steven Weinstein

Street Address

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

245 Waterman Street, Suite 309 Zip

Cltv

State

Zip

Providence

AUTHORIZED SHARES

Number of Shares

RI

Class/Series

02906

Par Value

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

ISSUEE) SHARES

Street Address

Number of Shares

Class/Series

Par Value

2,000 SHS NO PAR VALUE

608

No Par Value

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

File Date:	jub 26,99	
Check No.:	(194	-
By:	<b>9</b> 0	
	F 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 statements contain d herein are true and correct.

Gregory R. Lloyd

President

Print or Type Name of Officer

Bits -( 0/0-



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

James R. Langevin, Secretary of St. Corporations Divisi 100 North Main Street, Providence, RI 02903-13 401-277-30

1998 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: Januar	y 1-March 1 •	Filing Fee: \$50.00		B ILAK	TEASURE ALL INSTRUCTION
(FORM MUST BE TYPED IN BL.	ACK)				
1. Corporate ID No. 92042	2. Name of Corporati	Systems, Inc.		<del></del>	
3. Street Address Principal Busines. 245 Waterman	s Office		Providence	'State RI	02906
4. Business Phone No. 528-1145		S. State of Incorporation RHODE ISL	AND	<del>-</del> -	6. SIC Code 17872
7. Brief Description of the Characte To develop so		Rhode Island	<del></del>	·	_ (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
8. NAMES AND ADDRES			HMENT)	<del></del>	,
President Name	_		Vice President Name		
Gregory R. Ll	oyd		Christopher N	luzum	
Siren Address 245 Waterman	Stroot Cui	400	Street Address		• -
City	_		245 Waterman		e 402
Providence	State RI	. 02906	City	'State	Zip
Secretary Name	• • • • • • • • • • • • • • • • • • • •		Providence	RI	02906
Christopher N	นะบท		Gregory R. Ll	oud	
Street Address			Street Address	.oya	
245 Waterman	Street, Sui	te 402	245 Waterman	Street Suit	A 102
City	State	ZIp	City	State	Zip
Providence	RI	02906	Providence	RI	02906
9. NAMES AND ADDRES	SES OF THE DIREC	CTORS ("X" BOX FOR ATT			02300
Director Name			Director Name	<del>-</del>	• • •
Gregory R. Ll	oyd		Christopher N	luzum	
Street Address			Street Address		
245 Waterman	Street, Sui	te 402	245 Waterman	Street, Suit	e 402
City	State	Zip	City	State	Zip
Providence	RI	02906	Providence	RI	02906
Director Name Steven Weinst	oin		Director Name	*** * * ****** * *** *	*·*·** ** · · · · ·
Street Address	EIN				
245 Waterman	Street. Sui:	to 402	Street Address		
City	State	Zip .	City		97- *
Providence	RI	02906	:	State	Zip *
10. SHARES AUTHORIZE			: 11. SHARES ISSUED (	. V. BOV 500 ATTACINA	
AUTHORIZZED SHARES			ISSUED STARES	A BOX FOR ATTACHMEN	<u>"</u>
Number of Shares	Class/Series	Par Value	Number of Shares	1 Class/Series	, Par Value
2,000 SHS NO	PAR VALUE		550	-	; No Par Valu
		•	<b></b>		in the value
			1		ı
his report must be ele-	ed in int he aish	ne the Descident 18:55	Deneidona Construir de la		······································
rebott mast ne 2180	ica in ink by eithe	tile riesident, vice	President, Secret <mark>ary</mark> , Assi	stant Secretary, Trea	surer, Receiver or Trusto
		FILED			

	FEB 1 ( By	1998 1978
File Date:	3 3 Hd hE E	[E8 1]
Check No.:	STATS 95 YAV	4138072
Ву:	DEI <u>AED</u>	BE(
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

Gregory R. Lloyd

Print or Type Name of Officer

President



James R. Langevin, Secretary of Ste Corporations Divisi 100 North Main Street, Providence, RI 02903-13 401-277-30

## PROFIT CORPORATION ANNUAL REPORT 1997

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

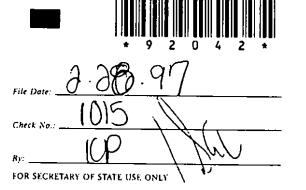
(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

92042 3. Street Address Principal Busin	Twist	ed Syster	ns, Inc.	City	State	Zip
245 Waterman 4. Business Phone No.	Street,	Suite	101 5. State of Incorporation	Providence	e RI	02906 6. SIC Code
7 Brief Description of the Chara			RHODE ISLANI	ס		
7. Brief Description of the Character To develop so						
8. NAMES AND ADDR		_	-	IMENT)  Vice President Name		
Gregory R. L. Street Address	loyd			Christopher Street Address	Nuzum	
245 Waterman	Street,	Suite	101 Zip	245 Waterman	Street,	Suite 101
Providence Secretary Name	RI		02906	Providence Treasurer Name	RŢ	02906
Christopher 1 Street Address	Nuzum			Gregory R. L	loyd	
245 Waterman	Street,	Suite	101 Zip	245 Waterman	Street,	Suite 101
Providence 9. NAMES AND ADDR Director Name	RI ESSES OF TH	E DIRECTO	02906 ORS (*X* BOX FOR ATTA	Providence (CHMENT) Director Name	RI	02906
Gregory R. L.	loyd			Christopher :	Nuzum	
245 Waterman	Street,	Suite	101 Zip	245 Waterman	Street,	Suite 101
Providence Director Nume	RI		02906	Providence Director Name	RI	02906
Steven Weinst	cein			Street Address		
245 Waterman	Street,	Suite	101 Zip	City	State	Zip
Providence 10. Shares authorit	RI ZED AND ISS	UED (*X* B	02906 OX FOR ATTACHMENT)			
AUTHORIZED SHARES Number of Shares	Cl 15		Dec 11sts o	ESUED SHARES	_	
er of aunces	Class/Serie	3	Par Value	Number of Shares	Class/Series	Par Value
2,000 SHS NO PAR	R VALUE			550	s-f	No Par Val

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



Under penalty of perjury, I declare and affirm that I have examined this report, including any occumpanying schedules and statements, and entained herein are true and correct. <u> Urssn</u> EDESORY D. LIDER

Print or Type Name of Officer PRESIDENT