



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 02903-1323
 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 OR PRINTED IN BLACK)

| | | | | |
|--|--|--|--------------------|----------------------------|
| 1. Corporate ID No 135649 | | 2. Name of Corporation ATC-Tech Inc. | | |
| 3. Street Address Principal Business Office 12 SUNDOWN LN. | | City MIDDLETOWN | State RI | Zip 02842 |
| 4. Business Phone No 401-619-1085 | | 5. State of Incorporation DELAWARE | | 6. SIC Code 7922 |

7. Brief Description of the Character of Business Conducted in Rhode Island
COMPUTER AND NETWORK CONSULTING SERVICES

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

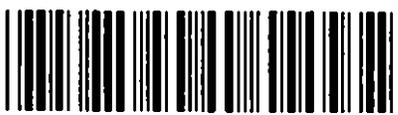
| | | | | | |
|--|--------------------|---------------------|--|--------------------|---------------------|
| President Name JAIRO RUGEL | | | Vice President Name CARMEN RUGEL | | |
| Street Address 12 SUNDOWN LN | | | Street Address 12 SUNDOWN LN. | | |
| City MIDDLETOWN | State RI | Zip 02842 | City MIDDLETOWN | State RI | Zip 02842 |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

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

| | | | | | |
|----------------|-------|-----|----------------|-------|-----|
| Director Name | | | 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"/> | | | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| AUTHORIZED SHARES 1500 | | | ISSUED SHARES 100 | | |
| Number of Shares | Class Series | Par Value | Number of Shares | Class Series | Par Value |
| 1,500 COMM \$.31 PAR VALUE | | | 100 | | .01 |

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



File Date 8/15/05
 Check No. 827
 By: DA
 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 CARMEN RUGEL Date 08-11-05
 Print or Type Name of Officer
V-PRESIDENT



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

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

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| 1. Corporate ID No 135649 | | 2. Name of Corporation ATC-Tech Inc. | | | |
| 3. Street Address 12 SUNDOWN LANE | | MIDDLETOWN RI | | 02842 | Zip |
| 4. Business Phone No. 401-619-1085 | | 5. State of Incorporation DELAWARE | | | 7322 C Code |
| 7. Brief Description of the Character of Business Conducted in Rhode Island COMPUTER AND NETWORK CONSULTING SERVICES | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name JAIRO RUGEL | | | Vice President Name CARMEN RUGEL | | |
| Street Address 12 SUNDOWN LANE | | | Street Address 12 SUNDOWN LANE | | |
| City MIDDLETOWN | State RI | Zip 02842 | City MIDDLETOWN, | State RI | Zip 02842 |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name | | | 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"/> | | | 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 |
| 1,500 COMM \$0.01 PAR VALUE | | | 0 | | |

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



* 1 3 5 6 4 9 *

File Date 3/23/04
Check No. 0574
By: VR
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 Jairo Rugel Date 3-29-04
Print or Type Name of Officer PRESIDENT