



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 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 138849		2. Name of Corporation Tech Comm Partners, Inc.			
3. Street Address Principal Business Office 104 Spring Lane			City Pascoag	State Rhode Island	Zip 02859
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE EDUCATIONAL PROGRAMS TO FINANCIAL SERVICES, HEALTHCARE AND HIGH TECH INDUSTRIES					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gertrude L. Mandeville			Vice President Name		
Street Address 104 Spring Lane			Street Address		
City Pascoag	State Rhode Island	Zip 02859	City	State	Zip
Secretary Name Charles Crowshaw			Treasurer Name Charles Crowshaw		
Street Address 104 Spring Lane			Street Address 104 Spring Lane		
City Pascoag	State Rhode Island	Zip 02859	City Pascoag	State Rhode Island	Zip 02859
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gertrude L. Mandeville			Director Name Charles Crowshaw		
Street Address 104 Spring Lane			Street Address 104 Spring Lane		
City Pascoag	State Rhode Island	Zip 02859	City Pascoag	State Rhode Island	Zip 02859
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
8,000 COMM \$0.01 PAR VALUE			200	Common	\$0.01

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



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File Date 1/25/05

Check No. 2524

By LM

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.

Gertrude L. Mandeville ^{1/19/05}
Signature of Officer Date
Gertrude L. Mandeville
Print or Type Name of Officer
President
Title of Officer