



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 OR PRINTED IN BLACK)

Form with sections 1-11: Corporate ID No. 38150, Name of Corporation Information Management Services, Ltd., Principal Business Office 38 April Ln, Tiverton, RI 02878, Business Phone No. 401.624.1723, State of Incorporation RHODE ISLAND, SIC Code 7245, Officers (President Susan J. Mibuel, Secretary Same), Directors (None), Shares Authorized 5,000 No Par Value, Shares Issued 100 Class A.

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



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.

File Date 1/6/05, Check No. 1045, By: W. FOR SECRETARY OF STATE USE ONLY

Signature of Officer [Signature], Date 1.5.05, Print or Type Name of Officer Susan J. Mibuel, Title of Officer President



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 38150		2. Name of Corporation Information Management Services, Ltd.			
3. Street Address Principal Business Office 38 Apple Lane			City Tiverton	State RI	Zip 02878
4. Business Phone No. 401-624-1723		5. State of Incorporation RHODE ISLAND		6. SIC Code 7245	
7. Brief Description of the Character of Business Conducted in Rhode Island MANAGEMENT SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Susan J. Miguel			Vice President Name SAME AS president		
Street Address SAME AS ABOVE			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name SAME AS president		
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
5,000 NO PAR VALUE			100		0

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



* 3 8 1 5 0 *

File Date 1-00-04
Check No. 795
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 [Signature] Date 1-15-04
Print or Type Name of Officer Susan J. Miguel
Title of Officer President



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. **38150** 2. Name of Corporation **Information Management Services, Ltd.**
3. Street Address Principal Business Office **38 April Lane** City **Tiverton** State **RI** Zip **02878**
4. Business Phone No. **401-624-1723** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7245**
7. Brief Description of the Character of Business Conducted in Rhode Island **MANAGEMENT Support Services, Meeting and event planning**

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

President Name Susan J. Miguel	Vice President Name Same as president
Street Address 38 April Lane	Street Address
City Tiverton State RI Zip 02878	City State Zip
Secretary Name Same as president	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 N/A	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	Class/Series	Par Value
5,000 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100	-	None

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



File Date: 1-13-03
Check No.: 1014
By: [Signature]

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: [Signature] Date: 1.9.03
Print or Type Name of Officer: Susan J. Miguel
Title of Officer: President



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. **38150** 2. Name of Corporation **Information Management Services, Ltd.**
3. Street Address Principal Business Office **38 April Lane** City **Tiverton** State **RI** Zip **02878**
4. Business Phone No. **401.624.1723** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7245**

7. Brief Description of the Character of Business Conducted in Rhode Island
Meeting Planning & Information Management Services

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

President Name Susan J. Mibuel	Vice President Name SAME AS President
Street Address 38 April Ln	Street Address SAME AS President
City Tiverton State RI Zip 02878	City ↓ State ↓ Zip ↓
Secretary Name SAME AS President	Treasurer Name SAME AS President
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	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

N/A

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
5,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common none

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



* 3 8 1 5 0 *

1-22-02

File Date: _____

937

Check No.: _____

2

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.

Signature of Officer **SJM** Date **1.17.02**

Print or Type Name of Officer **Susan J. Mibuel**

Title of Officer **President**



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. **38150** 2. Name of Corporation **Information Management Services, Ltd.**

3. Street Address Principal Business Office **38 April Lane** City **Tiverton** State **RI** Zip **02878**
4. Business Phone No. **401.624.1723** 5. State of Incorporation **RHODE ISLAND** 6. SIC **7245**

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

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

President Name Susan J. Migue1	Vice President Name SAME AS President
Street Address 38 April Lane	Street Address
City Tiverton State RI Zip 02878	City State Zip
Secretary Name Same as president	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

none

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
5000 NO PAR		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	A	—

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



* 3 8 1 5 0 *

File Date: 1/16
Check No.: 6012
By: [Signature]

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 [Signature] Date 1.12.01

Print or Type Name of Officer Susan J. Migue1
Title of Officer President



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. **38150** 2. Name of Corporation **Information Management Services, Ltd.**
3. Street Address Principal Business Office **38 April Lane** City **Tiverton** State **RJ** Zip **02878**
4. Business Phone No. **401 624 1723** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7245**

7. Brief Description of the Character of Business Conducted in Rhode Island
Management support services/public relations

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

President Name Susan J. Miguel	Vice President Name Same as president
Street Address 38 April Lane	Street Address
City Tiverton State RJ Zip 02878	City State Zip
Secretary Name Same as president	Treasurer Name Same as president
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

None

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
5000 NO PAR

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 none

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



* 3 8 1 5 0 *

File Date: 1/12/00

Check No.: 407

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] 1.10.00
Signature of Officer Date

Susan J. Miguel
Print or Type Name of Officer

President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 38150		2. Name of Corporation Information Management Services, Ltd.			
3. Street Address Principal Business Office 38 April Lane		City Tiverton	State RI	Zip 02878	
4. Business Phone No. 401.624.1723		5. State of Incorporation RHODE ISLAND		6. SIC Code 7245	
7. Brief Description of the Character of Business Conducted in Rhode Island Management Consulting Services					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Susan J. Miguel			Vice President Name Same as president		
Street Address 38 April Lane			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
Secretary Name Same as president			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
NONE					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5000 NO PAR			100	A	none

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



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.

File Date: 1.5.99
Check No: 2700
By: [Signature]

Signature of Officer: [Signature] Date: 1.3.99
Print or Type Name of Officer: Susan J. Miguel
Title of Officer: president



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **38150** 2. Name of Corporation **Information Management Services, Ltd.**
3. Street Address Principal Business Office **261 HIGHLAND ROAD** City **Tiverton** State **RI** Zip **02878**
4. Business Phone No. **401.624.1723** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7245**

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

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

President Name Susan J. Mibuel	Vice President Name Same as president
Street Address 261 HIGHLAND ROAD	Street Address ↓
City Tiverton State RI Zip 02878	City ↓ State ↓ Zip ↓
Secretary Name Same as president	Treasurer Name Same as president
Street Address ↓	Street Address ↓
City ↓ State ↓ Zip ↓	City ↓ State ↓ Zip ↓

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

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
NONE	
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
5000 NO PAR

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 **NONE**

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



File Date: 1.13.98
Check No.: 423
By: UP

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: [Signature] Date: 1.11.98
Print or Type Name of Officer: Susan J. Mibuel
Title of Officer: President



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. **38150** 2. Name of Corporation **Information Management Services, Ltd.**

3. Street Address Principal Business Office **349 Main RD - Suite 101** City **Tiverton** State **RI** Zip **02878**

4. Business Phone No. **(401) 624-1723** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7245**

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

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

President Name Susan J. Miguel	Vice President Name SAME
Street Address 349 Main RD #101	Street Address
City Tiverton State RI Zip 02878	City State Zip
Secretary Name SAME	Treasurer Name SAME
Street Address	Street Address
City State Zip	City State Zip

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

Director Name	Director Name
Street Address	Street Address
City State Zip N/A	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5000 NO PAR			100	only	no

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



File Date: **1/2/97**

Check No.: **0166**

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 *[Signature]* Date **12.20.96**

Print or Type Name of Officer **SUSAN J. MIGUEL**

Title of Officer **President**

**PROFIT CORPORATON
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO **38150**
2. NAME OF CORPORATION **Information Management Services Ltd.**
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE **349 MAIN ROAD - Suite 101** CITY **Tiverton** STATE **RI** ZIP CODE **02878**
4. BUSINESS PHONE NO. **(401) 624-1723** 5. STATE OF INCORPORATION **RI** 6. SIC CODE **7245**
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Management Support services

B. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Susan J. Miguel	VICE PRESIDENT NAME Same as president
STREET ADDRESS 349 MAIN RD #101	STREET ADDRESS
CITY Tiverton STATE RI ZIP CODE 02878	CITY STATE ZIP CODE
SECRETARY NAME Same as president	TREASURER NAME Same as president
STREET ADDRESS	STREET ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	DIRECTOR NAME
STREET ADDRESS	STREET ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE
Not Applicable	
DIRECTOR NAME	DIRECTOR NAME
STREET ADDRESS	STREET ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

NUMBER OF SHARES	AUTHORIZED SHARES CLASS/SERIES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES CLASS/SERIES	PAR VALUE
5000	only 1 COMMON	⊖	100	only 1 COMMON	⊖

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

File Date: **5/23/96** **3:19 PM** **5/23** **MAY 23 1996**

Check No: **160868**
By: **XIM**
For Secretary of State Use Only

Signature of Officer
Susan J. Miguel
Print or Type Name of Officer
President
Title of Officer **4-30-96**
Date



Office of The Secretary of State
 100 North Main Street
 Providence, Rhode Island 02903-1335
 401-277-3040

1995

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 38150 Annual Report for the year: 1995

Name of Corporation: Information Management Services, Ltd

Business entity organized under the laws of the State of: _____

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

For foreign entity, address and telephone number of principal office:

N/A

Brief statement of the character of business conducted in Rhode Island:

MANAGEMENT Support Services

Phone: () _____

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

349 MAIN RD #101
TIVERTON RI 02878

Phone: (401) 624-1723

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>Susan J. Mibuel</u>	<u>349 Main RD #101</u>	<u>Tiverton RI</u>	<u>02878</u>
VICE PRESIDENT			
SECRETARY			
TREASURER			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>not applicable</u>			
NAME			
NAME			

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
<u>5000</u>	<u>only 1 - common</u>	<u>100</u>	<u>only 1 - common</u>

Date: 4/30, 19 96 By: SJ

Susan J. Mibuel
 PRINT OR TYPE NAME OF OFFICER SIGNING
President
 TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

96. 111 67 S F7 11
 1010 100808



Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

1994

Please Type or Print
File Annually - Jan. 1 - March 1
Filing Fee \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 38150 Annual Report for the year: 1994

Name of Corporation: Information Management Services, Ltd.

Business entity organized under the laws of the State of: RI

Business Entity is (check one):

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

For foreign entity, address and telephone number of principal office:

N/A

Brief statement of the character of business conducted in Rhode Island:

Management Support Services

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

349 Main Rd - Suite 101
Tiverton RI 02878

Phone: (401) 624-1723

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Susan J. Mibuel</u>	<u>349 Main Rd - Suite 101</u>	<u>Tiverton RI</u>	<u>02878</u>
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>SAME</u>			
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>not applicable</u>			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares

Class / Series:

Number of Shares

Class / Series

5000

only 1 - Common

100

only 1 - Common

Date 4/30, 19 96

By: SJM
Susan J. Mibuel

PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

orm 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

LEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

KID 1160808

MAY 23 3 19 PM '96

RECEIVED
SECRETARY OF STATE
CORPORATE SERVICES

Filing Fee \$50.00

To be filed annually between January 1st and March 1st

7907B

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 38150 Annual Report for the year 1993

FIRST: The name of the corporation is Information Management Services, Ltd.

SECOND: It is incorporated under the laws of RI

THIRD: Character of business, briefly stated, is MANAGEMENT SERVICES

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 349 MAIN RD #101
TIVERTON RI 02878

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
NONE	Director	
NONE	Director	
NONE	Director	
SUSAN J. MIGUEL	President	349 MAIN RD #101 TIVERTON RI 02878
DANIEL J SMITH	Vice President	55 LEAS RD, PORTSMOUTH RI 02871
<u>SAME AS PRESIDENT</u>	Secretary	<u>SAME AS PRESIDENT</u>
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
5000?	A		

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	A		

Dated 11.26 19 93

Information Management Services, Ltd.
(Name of Corporation)

By [Signature] SUSAN J. MIGUEL

Title president

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

1040

Corporate ID 38150

Annual Report for the year 1992

FIRST: The name of the corporation is Information Management Services, LTD

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Engineering Management Services

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 349 MAIN RD #101, Box 313
Tiverton RI 02878-0313

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name Office Address (including number, street, zip code)

Director

Director

Director

Susan J. Miguel President 349 MAIN RD #101, Tiverton RI 02878

Daniel J. Smith Vice President 55 Leper RD, Portsmouth, RI 02871

SAME AS Secretary

SAME AS Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>5000</u>			

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>			

PAID
SEP 24 1992
SECY OF STATE

Dated Sept 20 19 92

Information Management Services LTD.
(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

Filing Fee ~~\$15.00~~ 50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 38150 Annual Report for the year 1991

FIRST: The name of the corporation is Information Management Services, Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to provide management services and any other legal service permitted under the laws of the State of Rhode Island.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 1028 East Main Road, P.O. Box 825
Portsmouth, RI 02871

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director
.....	Director
.....	Director
Susan J. Miguel	President	63 Russell Dr., P.O. Box 313, Tiverton, RI 02878 0313
See President	Vice President
See President	Secretary
See President	Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
5000	A		No Par Value

EIGHTH: Number of Shares issued:

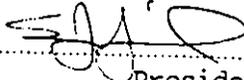
No. of Shares	Class	Series	Par Value or statement that shares are without par value
.....

PAID
APR 10 1991

SECY OF STATE

Dated March 1, 19 91

 Information Management Services, Ltd.
(Name of Corporation)

By  President
Title.....

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0035150

Annual Report for the year 1990 *AT*

FIRST: The name of the corporation is Information Management Services, Ltd.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is MANAGEMENT SUPPORT SERVICES,
public relations, other legal services.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 2140 EAST MAIN RD., PO BOX 239
Pawtucket, RI 02871-0239

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>SUSAN J. MIGUEL</u>	<u>Director</u>	<u>63 Russell DR, Tiverton, RI 02878-0313</u>
<u>DAVID J. MIGUEL</u>	<u>Director</u>	<u>↓</u>
<u>SUSAN J. MIGUEL</u>	<u>President</u>	<u>63 Russell DR, Tiverton RI 02878-0313</u>
<u>↓</u>	<u>Vice President</u>	<u>↓</u>
<u>↓</u>	<u>Secretary</u>	<u>↓</u>
<u>↓</u>	<u>Treasurer</u>	<u>↓</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>5,000</u>	<u>A</u>		<u>NO PAR VALUE</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

PAID
MAR 01 1991
Series
SECY. OF STATE

Dated 2/20 1990

Information Management Services, Ltd.
(Name of Corporation)

By [Signature]
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 38150 Annual Report for the year 1989

FIRST: The name of the corporation is Information Management Services, LTD

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Business & Computer Services

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 2140 EAST MAIN RD, BOX 239
PORTSMOUTH, RI 02871

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>SUSAN J. MIGUEL</u>	<u>Director</u>	<u>63 RUSSELL DR, TIVERTON, RI 02878</u>
<u>DAVID J. MIGUEL</u>	<u>Director</u>	<u>63 RUSSELL DR, TIVERTON, RI 02878</u>
	<u>Director</u>	
<u>SUSAN J. MIGUEL</u>	<u>President</u>	<u>63 RUSSELL DR, TIVERTON, RI 02878</u>
	<u>Vice President</u>	
	<u>Secretary</u>	
	<u>Treasurer</u>	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>5,000</u>	<u>A</u>		<u>NONE</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

PAID
OCT 02 1989
REV OF STATE

Dated 5-20-89 1989

Information Management Services, LTD
(Name of Corporation)

By [Signature]

Title PRESIDENT

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 39150

Annual Report for the year 1988

FIRST: The name of the corporation is Information Management Services, Lt.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to provide management services and any other legal service permitted under the laws of the State of Rhode Island.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island

2140 East Main Road, P.O. Box 239, Portsmouth, RI 02871

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director
.....	Director
.....	Director
<u>Susan J. Miguel</u>	<u>President</u>	<u>142 Fair St., New Bedford, MA 02740</u>
<u>Susan J. Miguel</u>	<u>Vice President</u>	<u>142 Fair St., New Bedford, MA 02740</u>
<u>Susan J. Miguel</u>	<u>Secretary</u>	<u>142 Fair St., New Bedford, MA 02740</u>
<u>Susan J. Miguel</u>	<u>Treasurer</u>	<u>142 Fair St., New Bedford, MA 02740</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>5,000</u>	<u>A</u>		<u>no par value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>A</u>		<u>no par value</u>

PAID

MAR 17 1988

SECRETARY OF STATE

Dated 28 February 19 88

Information Management Services, Ltd.

(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 38150 Annual Report for the year 1987

FIRST: The name of the corporation is Information Management Services, Ltd.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to provide management services and any other legal service permitted under the laws of the State of Rhode Island.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island c/o 114 Touro Street, Newport, RI 02840

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
(SEE OFFICERS)	Director	
	Director	
	Director	
SUSAN J. MIGUEL	President	63 RUSSELL DR./P.O. BOX 313, TIVERTON, 02878-0313
VENEICE ROY	Vice President	18 QUARRY ST., FALL RIVER, MA 02723
(SEE PRESIDENT)	Secretary	
(SEE PRESIDENT)	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
5,000	A		No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

PAID
MAR 24 1987
SECY OF STATE

Par Value or statement that shares are without par value
MAR 29 1987

Dated 28 FEBRUARY 19 87

Information Management Services, Ltd.
(Name of Corporation)

By [Signature]

Title PRESIDENT

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

January 1st and March 1st

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....38150..... Annual Report for the year1987.....

FIRST: The name of the corporation is.....Information Management Services, Lt.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is...to provide management services and any other legal service permitted under the laws of the State of Rhode Island.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....c/o 114 Touro Street, Newport, RI 02840

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Table with 3 columns: Name, Office, Address (including number, street, zip code). Rows include (SEE OFFICERS), Director, Director, Director, SUSAN J. MIGUEL, President, 63 RUSSELL DR./P.O. BOX 313, TIVERTON, 02878-0313, VENEICE ROY, Vice President, 18 QUARRY ST., FALL RIVER, MA 02723, (SEE PRESIDENT), Secretary, (SEE PRESIDENT), Treasurer.

SEVENTH: Number of Shares authorized:

Table with 4 columns: No. of Shares, Class, Series, Par Value or statement that shares are without par value. Row: 5,000, A, No par value.

EIGHTH: Number of Shares issued:

Table with 4 columns: No. of Shares, Class, Series, Par Value or statement that shares are without par value. Includes stamps: PAID MAR 11 1987, APR 21 1987.

Dated.....28 FEBRUARY..... 19 87.....

Information Management Services, Ltd. (Name of Corporation)

By.....[Signature].....

(Report must be signed by an officer)

Title.....PRESIDENT.....