



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 115552		2. Exact name of the limited liability company Software Quality Associates, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island CARRY ON AND PROVIDE FOR CONTRACT & PERMANENT PLACEMENT OF COMPUTER SOFTWARE AND OTHER PROFESSIONALS			
5. Principal office address 125 WHIPPLE STREET		City PROVIDENCE	State RI	Zip 02908-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name NORMAN KELLY Contact Title MANAGER					
Street Address 125 WHIPPLE STREET		City PROVIDENCE	State RI	Zip 02908-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name NORMAN KELLY		Manager Name NONE			
Street Address 125 WHIPPLE STREET		Street Address			
City PROVIDENCE	State RI	Zip 02908	City	State	Zip
Manager Name NONE		Manager Name NONE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name ADLER POLLOCK & SHEEHAN P.C.			Address ONE CITIZENS PLAZA, 8TH FLOOR		
Address			City PROVIDENCE		Zip 02903-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 1 5 5 5 2

115552 DLLC 09/08/05 12:22:43 PM	
File Date	9/26/05
Check No.	6301
By: JMD	
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.

Norman Kelly
Signature of Authorized Person

9-23-05
Date

NORMAN KELLY
Print or Type Name of Authorized Person



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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Manager Name NORMAN KELLY		Manager Name NONE			
Street Address 125 WHIPPLE STREET		Street Address .			
City PROVIDENCE	State RI	Zip 02908	City .	State .	Zip .
Manager Name NONE		Manager Name NONE			
Street Address .		Street Address .			
City .	State .	Zip .	City .	State .	Zip .
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name ADLER POLLOCK & SHEEHAN P.C.		Address 2300 FINANCIAL PLAZA			
Address .		City PROVIDENCE		Zip 02903-	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 1 5 5 5 2

115552 DLLC 09/10/04 09:46:51 AM

File Date 10-1-04

Check No. 532L

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] 9.20.04
Signature of Authorized Person Date

NORMAN KELLY

Print or Type Name of Authorized Person

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 115552		2. Exact name of the limited liability company Software Quality Associates, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO CARRY ON AND PROVIDE FOR CONTRACT & PERMANENT PLACEMENT OF COMPUTER SOFTWARE AND OTHER PROFESSIONALS	
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		Zip 02908-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name NORMAN KELLY		Contact Title MANAGER	
Street Address 125 WHIPPLE STREET		City PROVIDENCE	State RI
		Zip 02908-	
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Street Address 125 WHIPPLE STREET		Street Address .	
City PROVIDENCE	State RI	City .	State .
Zip 02908		Zip .	
Manager Name NONE		Manager Name NONE	
Street Address .		Street Address .	
City .	State .	City .	State .
Zip .		Zip .	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ADLER POLLOCK & SHEEHAN P.C.		Address 2300 FINANCIAL PLAZA	
Address .		City PROVIDENCE	Zip 02903-

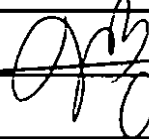
This report must be signed in ink by an authorized person pursuant to 7-16-66.



FILED

115552 DLLC 09/12/03 10:11:45 AM

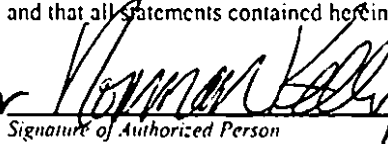
File Date **SEP 29 2003**

Check No. **BY**  # **4360**

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.

 **9-26-03**
Signature of Authorized Person Date

NORMAN KELLY

Print or Type Name of Authorized Person



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *115552*		2. Exact name of the limited liability company Software Quality Associates, LLC		
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO CARRY ON AND PROVIDE FOR CONTRACT & PERMANENT PLACEMENT OF COMPUTER SOFTWARE AND OTHER PROFESSIONALS		
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Contact Name NORMAN KELLY		Contact Title MANAGER		
Street Address 125 WHIPPLE STREET		City PROVIDENCE	State RI	Zip 02908
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐ ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52				
Manager Name NORMAN KELLY		• Manager Name NONE		
Street Address 125 WHIPPLE STREET		• Street Address		
City PROVIDENCE	State RI	Zip 02908	City	State
Manager Name NONE		• Manager Name NONE		
Street Address		• Street Address		
City	State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11				
Agent Name ADLER POLLOCK & SHEEHAN P.C.		Address 2300 FINANCIAL PLAZA		
Address		City PROVIDENCE	Zip 02903-	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



* 1 1 5 5 5 2 *

115552 DLLC9/30/029:05:23 AM

File Date 10-7-02

Check No. 3424

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.

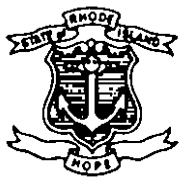
[Signature] 10-4-02
Signature of Authorized Person Date

NORMAN KELLY

Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 115552

Annual Report for the year 2001

1. The name of the limited liability company is:

Software Quality Associates, LLC

2. The address of the principal office of the limited liability company is:

745 Branch Avenue, Providence, RI 02904

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: ADLER POLLOCK & SHEEHAN P.C.

2300 FINANCIAL PLAZA PROVIDENCE RI 02903-

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 754 Branch Avenue, Providence, RI 02904

Attn: Norman Kelly

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: to carry on and provide for contract and permanent placement of computer software and other professionals.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Norman Kelly

754 Branch Avenue, Providence, RI 02904

Dated 9/11/01



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.

Software Quality Associates, LLC

Exact Name of Limited Liability Company

By [Signature]

Manager

Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY
File Date: **FILED**

Check No.: SEP 17 2001

By: By CA 2520

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be obtained by contacting this office at 401-222-3040, or from our web site at www.state.ri.us