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.	2. Exact name of the limited liabilty company
115552	Software Quality Associates, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	CARRY ON AND PROVIDE FOR CONTRACT & PERMANENT PLACEMENT OF COMPUTER SOFTWARE AND OTHER PROFESSIONALS

5. Principal office address	City	State	Zip
125 WHIPPLE STREET	PROVIDENCE	RI	02908-

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
NORMAN KELLY	MANAGER

Street Address	City	State	Zip
125 WHIPPLE STREET	PROVIDENCE	RI	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	Street Address	City	State	Zip
NORMAN KELLY	125 WHIPPLE STREET	PROVIDENCE	RI	02908
NONE				
NONE				

Manager Name	Street Address	City	State	Zip
NONE				
NONE				

8. RESIDENT AGENT IN RHODE ISLAND -*DO NOT ALTER*- Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
ADLER POLLOCK & SHEEHAN P.C.	ONE CITIZENS PLAZA, 8TH FLOOR	PROVIDENCE	02903-

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

[redacted] 1 1 5 5 5 2 [redacted]

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 9-23-05
Signature of Authorized Person *Date*

[redacted] NORMAN KELLY
Print or Type Name of Authorized Person

115552 DLLC 09/08/05 12:22:43 PM
File Date 9/26/05
Check No. 6301
By: [redacted]
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02

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)

1. ID No	*2. Exact name of the limited liability company*
115552	Software Quality Associates, LLC

3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
RHODE ISLAND	TO CARRY ON AND PROVIDE FOR CONTRACT & PERMANENT PLACEMENT OF COMPUTER SOFTWARE AND OTHER PROFESSIONALS

5. Principal office address	*City*	*State*	*Zip*
125 WHIPPLE STREET	PROVIDENCE	RI	02908-

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*
NORMAN KELLY	MANAGER

Street Address	*City*	*State*	*Zip*
125 WHIPPLE STREET	PROVIDENCE	RI	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	*Street Address*	*City*	*State*	*Zip*
NORMAN KELLY	125 WHIPPLE STREET	PROVIDENCE	RI	02908
NONE				
NONE				
NONE				

8. RESIDENT AGENT IN RHODE ISLAND -*DO NOT ALTER*- Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	*Address*	*City*	*Zip*
ADLER POLLOCK & SHEEHAN P.C.	2300 FINANCIAL PLAZA	PROVIDENCE	02903-

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

[redacted] 1 1 5 5 5 2 [redacted]

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 Authorized Person — *Date* 9.20.04

[redacted] NORMAN KELLY

Print or Type Name of Authorized Person

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

File Date 10-1-04

Check No. 5321

By: [redacted]

FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02

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 2003

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	*2. Exact name of the limited liability company*
115552	Software Quality Associates, LLC

3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
RHODE ISLAND	TO CARRY ON AND PROVDE FOR CONTRACT & PERMANENT PLACEMENT OF COMPUTER SOFTWARE AND OTHER PROFESSIONALS

5. Principal office address	*City*	*State*	*Zip*
125 WHIPPLE STREET	PROVIDENCE	RI	02908-

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*
NORMAN KELLY	MANAGER

Street Address	*City*	*State*	*Zip*
125 WHIPPLE STREET	PROVIDENCE	RI	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	*Street Address*	*City*	*State*	*Zip*
NORMAN KELLY	125 WHIPPLE STREET	PROVIDENCE	RI	02908
NONE				
NONE				

Manager Name	*Street Address*	*City*	*State*	*Zip*
NONE				

8. RESIDENT AGENT IN RHODE ISLAND -*DO NOT ALTER*- Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	*Address*		
ADLER POLLOCK & SHEEHAN P.C.	2300 FINANCIAL PLAZA		
Address	*City*	*Zip*	
	PROVIDENCE	02903-	

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

[redacted] 1 1 5 5 5 2 [redacted]

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.

[redacted] 9-26-03
Signature of Authorized Person *Date*

NORMAN KELLY
Print or Type Name of Authorized Person

Form 632 Rev. 6/02

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.	*2. Exact name of the limited liability company*
115552	Software Quality Associates, LLC

3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
RHODE ISLAND	TO CARRY ON AND PROVDE FOR CONTRACT & PERMANENT PLACEMENT OF COMPUTER SOFTWARE AND OTHER PROFESSIONALS

5. Principal office address	*City*	*State*	*Zip*
125 WHIPPLE STREET	PROVIDENCE	RI	02908

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*
NORMAN KELLY	MANAGER

Street Address	*City*	*State*	*Zip*
125 WHIPPLE STREET	PROVIDENCE	RI	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	*Street Address*	*City*	*State*	*Zip*
NORMAN KELLY	125 WHIPPLE STREET	PROVIDENCE	RI	02908
NONE				
NONE				

Manager Name	*Street Address*	*City*	*State*	*Zip*
NONE				
NONE				

8. RESIDENT AGENT IN RHODE ISLAND -*DO NOT ALTER*- Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	*Address*	*City*	*Zip*
ADLER POLLOCK & SHEEHAN P.C.	2300 FINANCIAL PLAZA	PROVIDENCE	02903-

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

[redacted] *115552*

115552 DLLC9/30/029:05:23 AM
File Date 10-7-02
Check No. 3424
By: ADF
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.

[redacted] Norman Kelly 10.4.02
Signature of Authorized Person *Date*

[redacted] NORMAN KELLY
Print or Type Name of Authorized Person

Form 632 Rev. 6/02

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

1 1 5 5 5 2

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

FOR SECRETARY OF STATE USE ONLY
File Date: FILED
Check No.: SEP 17 2001
By: By CC 2520

Form No. 632
Revised 01/99

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