

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 632 Rev. 6/02

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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

	OR PRINTED IN BLACK				
	 Exact name of the limited Software Quality Ass 		. =:-		
State of Formation	•	· · · · · · · · · · · · · · · · · · ·	business which is actually conducted i	in Rhode Island	
HODE ISLAND		D PROVIDE POR	CONTRACT & PERMANENT PL		PUTER SOFTWARE AND
Principal office address			City	State	Zip
S WHIPPLE ST	REET		PROVIDENCE	RI	02908-
ntact Name	ESS OF LIMITED LI	ABILITY COMPA	NY AND NAME OR TITLE (Contact Title	OF CONTACT PE	RSON:
ORMAN KELLY			.MANAGER		
Street Address 125 WHIPPLE STREET			Ciņ. PROVIDENCE	State RI	<i>Zip</i> 02908-
	FILL IN SPACE	CES BEFORE USING	LIMITED LIABILITY COMP ATTACHMENTS ("X" BOX FO IRES FILING OF AMENDMENT, R	OR ATTACHMENT) [ם
nuger Name			· Manager Name		
ORMAN KELLY			NONE		
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25 WHIPPLE STR	REET		•		
ity ROVIDENCE	State RI	<i>Zip</i> 02908	*City	State	Zip
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reet Address			· Sireci Address		
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eni Name DLER POLLOCK Idress	& SHEEHAN P.C.		Address ONE CITIZENS PL		OR Zip
			PROVIDENCE		02903-
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115552 DLLC 09/6	98/05 12:22:43 PM	-		any accompanying	Firm that I have examined schedules and statements, are true and correct.
Check No. (0')	50/	-	Signature of Authorized		Date
OR SACRETARY OF ST	TATE USE ONLY	-	Print or Type Name of	<u>: : </u>	



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

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LIMITED LI	[ABI]	LITY CO	MPANY ANN	UAL REPORT FO	R THE Y	EAR 2004		
uling Period: Septe	mber I	- November 1	Filing Fee: \$50	.00				
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115552	Sonw	<u>-</u>	ssociates, LLC					
3. State of Formation 4. Brief description of the character of the b								
RHODE ISLAND TO CARRY ON AND PROVIDE FOR OTHER PROFESSIONALS			OR CONTRACT & PERMANENT PLACEMENT OF COMPUTER SOFTWARE AN					
5. Principal office addre				City	State	Zip		
125 WHIPPLE S'	TREET			PROVIDENCE	RI	02908-		
6. MAILING ADDI Contact Name NORMAN KELLY	RESS O	F LIMITED	LIABILITY COMPAI	Contact Title MANAGER	OF CONTACT I	ERSON:		
Street Address				City	State	Zip		
125 WHIPPLE ST	REET			. PROVIDENCE	RI	02908-		
		FILL IN SE	ACES BEFORE USING	IMITED LIABILITY COMI ATTACHMENTS ("X" BOX F RES FILING OF AMENDMENT. R	OR ATTACHMENT,			
Manager Name				·Manager Name				
NORMAN KELLY				NONE				
Street Address		···		* Street Address		-		
125 WHIPPLE ST	TREET			•				
City		State	Zip	*City	State	Zip		
PROVIDENCE		RI	02908	•	j			
Manager Nume	· · · ·		· · · · · · · · · · · · · · · · · · ·	Manager Name		• • • • • • • • • • • • • • • • • • • •		
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8. RESIDENT AGEN	T IN DI	JODE ISLANI	I DEDO NOT ALTERE CIN	anges require filing of Fo	642 B (G)	7.44		
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ADLER POLLOCH	< & SHI	EEHAN P.C.		2300 FINANCIAL	PLAZA			
Address			<u>.</u>	Ciry		Zip		
			PROVIDENCE	02903-				

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



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<i>B</i> <u>v</u> ∵	2.
FOR SECRET	ARY 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 borein are true and correct.

Anhange of Authorized Person Daic

NORMAN KELLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

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			NUAL REPORT FO	OR THE YEA	K		
		I ● 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						
3. State of Formation 4. Brief description of the character of the b			business which is actually conducted in Rhode Island R CONTRACT & PERMANENT PLACEMENT OF COMPUTER SOFTWARE AND				
125 WHIPPLE S	TREET		PROVIDENCE	RI	02908-		
6. MAILING ADDI	RESS OF LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE	OF CONTACT PER	SON:	٦	
Contact Name			Contact Title			_	
NORMAN KELLY			.MANAGER				
Street Address			Cin	State	Zip		
125 WHIPPLE ST	TREET		. PROVIDENCE	RI	02908-		
7. NAME AND ADI			IMITED LIABILITY COM (ATT.CHMENTS (2000)		BLE		
	ANY MODIFICATION	S TO MANAGERS REQUI	RES FILING OF AMENDMENT. R	.I.G.L 7-16-12 (a) (2) /	7-16-52		
Manager Name			· Manager Name				
NORMAN KELLY			NONE				
Street Address	<u> </u>	<u></u>	* Street Address				
125 WHIPPLE ST	TREET		<u> </u>				
City	State	Zip	*Ciny	State	Zip	_	
PROVIDENCE	JRI	02908]			
Manager Name			Manager Name				
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	IT IN RHODE ISLA	ND -DO NOT ALTER- Ch	anges require filing of Fo	orm 642 - R.I.G.L. 7-	16-11		
Agent Name		_	Address				
ADLER POLLOCI	K & SHEEHAN P.(C .	2300 FINANCIAL	PLAZA			
Address		· · · · · · · · · · · · · · · · · · ·	Cuy Zip				

City

PROVIDENCE

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

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115552 DLLC 09/12/03 10:11:45 AM			
File Date SEP 2 9 2003			
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By: 4360			
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**

Zip

02903-

Print or Type Name of Authorized Person



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

* * *			2002
LIMITED LIABILITY	COMPANY ANNUAL	REPORT FOR THE YEAR	2002

FORM MUST BE TY	PED OR PRINTED IN BL					
<i>î. 1D №.</i> *115552*	•	ame of the limited liability company re Quality Associates, LLC				
3. State of Formation		Brief description of the character of the business which is actually conducted in Rhode Island				
RHODE ISLAND	TO CARRY		CONTRACT & PERMANENT PLACEMENT OF COMPUTER SOFTWARE AN			
5. Principal office add 125 WHIPPLE		·.	City PROVIDENCE	State R I	<i>Zip</i> 02908	
6. MAILING ADI	DRESS OF LIMITED	LIABILITY COMPAN	YAND NAME OR TITLE	OF CONTACT I	PERSON:	
Contact Name NORMAN KELL			Contact Title MANAGER		TONGON.	
Street Address		<u> </u>	City	State	Zip	
125 WHIPPLE S	STREET		PROVIDENCE	RI	02908	
lanaver Name	ANY MODIFICATION:	S TO MANAGERS REQUI	RES FILING OF AMENDMENT.	R.I.G.L. 7-16-12 (a)	2) / 7-16-52	
••	ANY MODIFICATION	S TO MANAGERS REQUII	• Manager Name	R.I.G.L 7-16-12 (a)	(2) <u>/ 7-16-52</u>	
NORMAN KELLY	ANY MODIFICATION	S TO MANAGERS REQUII	• Manager Name NONE	R.I.G.L. 7-16-12 (a)	(2) / 7-16-52	
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tanager Name NORMAN KELLY Street Address 125 WHIPPLE S City PROVIDENCE Manager Name NONE Street Address	STREET State	Zip	• Manager Name NONE • Street Address • City • Manager Name NONE			
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IORMAN KELLY Irreet Address 25 WHIPPLE S The PROVIDENCE danager Name NONE Irreet Address Try RESIDENT AGE gent Name	STREET Stoic RI State	Zip 02908 Zip ND-DO NOT ALTER- Cha	Manager Name NONE Street Address City Manager Name NONE Street Address City Address	State State Orm 642 - R.I.G.	Zip	
ORMAN KELLY Irect Address 25 WHIPPLE S Inv. PROVIDENCE Idenager Name NONE Irect Address Inv. RESIDENT AGE gent Name ADLER POLLOG	STREET State RI State State	Zip 02908 Zip ND-DO NOT ALTER- Cha	Manager Name NONE Street Address City Manager Name NONE Street Address City City	State State Orm 642 - R.I.G.	Zip	
NORMAN KELLY Street Address 125 WHIPPLE S City PROVIDENCE Manager Name NONE Street Address City B. RESIDENT AGE gent Name	STREET Stoic RI State	Zip 02908 Zip ND-DO NOT ALTER- Cha	Manager Name NONE Street Address City Manager Name NONE Street Address City Address	State State Orm 642 - R.I.G.	Zip	

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



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FOR SECRE	TARY 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.

Date

Musikum (Alba) 11)

NORMAN KELLY

Print or Type Name of Authorized Person



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

1

LIMITED LIABILITY COMPANY

ın	Number	DLL	0	11	5552

Annual Report for the year 2001

1.	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, Providenc	e, 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.	5. The current mailing address of the limited	I liability company and the name or title of a person to whom communications		
	may be directed are: 754 B	ranch Avenue, Providence, RI 02904		
	Attn:	Norman Kelly		
6.	3. A brief statement of the character of the	e business in which the limited liability company is actually engaged in this		
		or contract and permanent placement of computer		
7.	software and other profes 7. If the limited liability company has manag Name	sionals. ers, the name and address of each manager of the limited liability company Address		
	Norman Kelly	754 Branch Avenue, Providence, RI 02904		
Da	Dated 9///()/	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and		
	8 	that all statements contained herein are true and correct.		
		Software Quality Associates, LLC // Exact Name of Limited Liability Company		
		Exact Name of Elimined Elability Company		
ile	FOR SECRETARY OF STATE USE ONLY FILE Date:	By A Miller Heller		
Che	Check No.: SEP 1 7 2001	Manager / Title		
3y:	Bu (A 25) A	Form No. 632 Revised 01/99		

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