

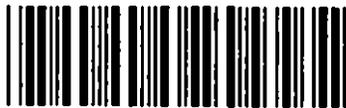


PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 66258		2. Name of Corporation The Greysmith Companies			
3. Street Address, Principal Business Office 321 South Main Street			City Providence	State RI	Zip 02903
4. Business Phone No. 401-272-7200		5. State of Incorporation RHODE ISLAND			6. SIC Code 7732
7. Brief Description of the Character of Business Conducted in Rhode Island TO DEVELOP, OWN AND OPERATE A TEMPORARY PERSONNEL SERVICE, AND TO ENGAGE IN THE BUSINESS OF MARKETING					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Cheryl DeWolf			Vice President Name Same		
Street Address 321 South Main Street			Street Address		
City Providence	State RI	Zip 02903	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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Cheryl DeWolf			Director Name		
Street Address 321 South Main Street			Street Address		
City Providence	State RI	Zip 02903	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"/> AUTHORIZED SHARES					
Number of Shares			Class/Series		
10,000 COMM \$0.01 PAR VALUE					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series		Par Value	
10,000		A/B		.01	

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



File Date 1-20-05
Check No. 7518
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] 1/19/05
Signature of Officer Date
CHERYL DEWOLF
President or Type Name of Officer
PRESIDENT
Title of Officer



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. 66258		2. Name of Corporation The Greysmith Companies			
3. Street Address Principal Business Office 321 South Main Street			City Providence	State RI	Zip 02903
4. Business Phone No. 401-272-7200		5. State of Incorporation RHODE ISLAND		6. SIC Code 7732	
7. Brief Description of the Character of Business Conducted in Rhode Island TO DEVELOP, OWN AND OPERATE A TEMPORARY PERSONNEL SERVICE, AND TO ENGAGE IN THE BUSINESS OF MARKETING					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Cheryl DeWolf			Vice President Name Same		
Street Address 321 South Main St			Street Address		
City Providence	State RI	Zip 02903	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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Cheryl DeWolf			Director Name		
Street Address 321 South Main St			Street Address		
City Providence	State RI	Zip 02903	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
10,000 COMM \$0.01 PAR VALUE			10,000	A/B	.01

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



* 6 6 2 5 8 *

File Date 1-29-04
Check No. 6920
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] 1/26/04
Signature of Officer Date
CHEYL A. DEWOLF
Print or Type Name of Officer
PRESIDENT
Title of Officer



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. 66258 2. Name of Corporation The Greysmith Companies
3. Street Address Principal Business Office 321 South Main Street City Providence State RI Zip 02903
4. Business Phone No. 401-272-7200 5. State of Incorporation RHODE ISLAND 6. SIC Code 7732

7. Brief Description of the Character of Business Conducted in Rhode Island
Employment Agency providing temporary & permanent placement services

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

President Name <u>Cheryl DeWolf</u> Street Address <u>321 South Main St.</u> City <u>Providence</u> State <u>RI</u> Zip <u>02903</u>	Vice President Name <u>Same</u> Street Address City _____ State _____ Zip _____
Secretary Name <u>Same</u> Street Address City _____ State _____ Zip _____	Treasurer Name <u>Same</u> Street Address City _____ State _____ Zip _____

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

Director Name <u>Cheryl DeWolf</u> Street Address <u>321 South Main Street</u> City <u>Providence</u> State <u>RI</u> Zip <u>02903</u>	Director Name Street Address City _____ State _____ Zip _____
Director Name Street Address City _____ State _____ Zip _____	Director Name Street Address City _____ State _____ Zip _____

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<u>8,000</u>	<u>COMM</u>	<u>\$.01</u>

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<u>100</u>	<u>Common</u>	<u>.01</u>

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



* 6 6 2 5 8 *

File Date: 1-21-03
Check No.: 6368
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] 1/17/03
Signature of Officer Date
CHERYL DEWOLF
Print or Type Name of Officer
PRESIDENT
Title of Officer



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. **66258** 2. Name of Corporation **The Greysmith Companies**
 3. Street Address Principal Business Office **321 South Main Street** City **Providence** State **RI** Zip **02903**
 4. Business Phone No. **401-272-7200** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7732**

7. Brief Description of the Character of Business Conducted in Rhode Island
Employment Agency providing temporary & permanent placement services

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

President Name Cheryl DeWolf Street Address 321 South Main Street City Providence State RI Zip 02903	Vice President Name Same Street Address City _____ State _____ Zip _____
Secretary Name Same Street Address City _____ State _____ Zip _____	Treasurer Name Same Street Address City _____ State _____ Zip _____

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

Director Name Cheryl DeWolf Street Address 321 South Main Street City Providence State RI Zip 02903	Director Name Street Address City _____ State _____ Zip _____
Director Name Street Address City _____ State _____ Zip _____	Director Name Street Address City _____ State _____ Zip _____

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

AUTHORIZED SHARES
 Number of Shares Class/Series Par Value
8,000 COMM \$0.01 PAR VALUE

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

ISSUED SHARES
 Number of Shares Class/Series Par Value
100 Common .01

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



* 6 6 2 5 8 *

1-14-02

File Date: _____

Check No.: **5760**

By: _____

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.

Cheryl DeWolf 1/14/02
 Signature of Officer Date

CHERYL DEWOLF
 Print or Type Name of Officer

PRESIDENT
 Title of Officer



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. 66258		2. Name of Corporation The Greysmith Companies			
3. Street Address (Principal Business Office) 321 South Main Street		City Providence		State RI	Zip 02903
4. Business Phone No. 401-272-7200		5. State of Incorporation Rhode Island		6. SIC Code 7732	
7. Brief Description of the Character of Business Conducted in Rhode Island Employment agency providing temporary & permanent placement services					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Cheryl DeWolf			Vice President Name same		
Street Address 321 South main Street			Street Address		
City Providence	State RI	Zip 02903	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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Cheryl DeWolf			Director Name same		
Street Address 321 South Main Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Director Name same			Director Name same		
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	COMMON	.01	100	COMMON	.01

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

File Date: 4-24-01
Check No.: 5236
By: 2
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: *Cheryl DeWolf* Date: 4/20/01
Cheryl DeWolf
President
Title of Officer



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. **66258** 2. Name of Corporation **The Greysmith Companies**
 3. Street Address Principal Business Office **321 South Main Street** City **Providence** State **RI** Zip **02903**
 4. Business Phone No. **(401) 272-7200** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7732**

7. Brief Description of the Character of Business Conducted in Rhode Island
Employment agency providing search and temporary placement services

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

President Name Cheryl DeWolff	Vice President Name (same)
Street Address 321 South Main St.	Street Address (same)
City Prov. State RI Zip 02903	City (same) State (same) Zip (same)
Secretary Name (same)	Treasurer Name (same)
Street Address (same)	Street Address (same)
City (same) State (same) Zip (same)	City (same) State (same) Zip (same)

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

Director Name Cheryl DeWolff	Director Name (same)
Street Address 321 South Main Street	Street Address (same)
City Prov State RI Zip 02903	City (same) State (same) Zip (same)
Director Name (same)	Director Name (same)
Street Address (same)	Street Address (same)
City (same) State (same) Zip (same)	City (same) State (same) Zip (same)

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

AUTHORIZED SHARES
 Number of Shares Class/Series Par Value
8,000 SHS COM .01 PAR VAL

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

ISSUED SHARES
 Number of Shares Class/Series Par Value
100 Common .01

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



File Date: _____
 Check No.: _____
 By: _____

PAID

JAN 19 2000

SECRETARY OF STATE

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.

RECEIVED
 STATE

Cheryl DeWolff 1/11/00
 Signature of Officer Date
Cheryl DeWolff
 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. 66258		2. Name of Corporation The Greysmith Companies			
3. Street Address Principal Business Office 345 South Main Street			City Providence	State RI	Zip 02903
4. Business Phone No. 401-772-7200		5. State of Incorporation RHODE ISLAND		6. SIC Code 7732	
7. Brief Description of the Character of Business Conducted in Rhode Island Employment Agency providing Placement Services					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input checked="" type="checkbox"/>					
President Name Cheryl DeWolf			Vice President Name (Same)		
Street Address 345 South Main St.			Street Address		
City Providence	State RI	Zip 02903	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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input checked="" type="checkbox"/>					
Director Name Cheryl DeWolf			Director Name (Same)		
Street Address 345 South Main St			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Director Name (Same)			Director Name (Same)		
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 SHS COM	.01 PAR VAL		100	COMMON	.01

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



File Date: **5-6-99**
Check No.: **3714**
By: **AMF**

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.

Cheryl DeWolf **5/3/99**
Signature of Officer Date
Cheryl DeWolf
Print or Type Name of Officer
President
Title of Officer

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. 68258		2. Name of Corporation The Greymith Companies	
3. Street Address Principal Business Office 345 South Main Street		City Providence	State RI
		Zip 02903	
4. Business Phone No. 401-272-7200	5. State of Incorporation RHODE ISLAND		6. SIC Code 7732
7. Brief Description of the Character of Business Conducted in Rhode Island Employment agency providing placement services			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name Cheryl DeWolf		Vice President Name (SAME)	
Street Address 345 South Main Street		Street Address	
City Providence	State RI	City	State
	Zip 02903		Zip
Secretary Name (SAME)		Treasurer Name (SAME)	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
Director Name Cheryl DeWolf		Director Name (same)	
Street Address 345 South Main Street		Street Address	
City Providence	State RI	City	State
	Zip 02903		Zip
Director Name (same)		Director Name (same)	
Street Address		Street Address	
City	State	City	State
	Zip		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
8,000 SHS COM .01 PAR VAL			100
			Common
			.01

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



* 6 6 2 5 8 *

File Date: 11/5/98
 Check No.: 2711
 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] 12-30-97
 Date
Cheryl DeWolf
 Print or Type Name of Officer
President
 Title of Officer



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. **66258**
 2. Name of Corporation **ACCOUNTTECH, INC. (Amendment filed 2/18/97) The Greysmith Companies**
 3. Street Address Principal Business Office **345 South Main Street** City **Providence** State **RI** Zip **02903**
 4. Business Phone No. **(401) 272-7200** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7732**

7. Brief Description of the Character of Business Conducted in Rhode Island
Employment agency providing placement services

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

President Name Cheryl Simino DeWolf	Vice President Name (same)
Street Address 345 South Main Street	Street Address (same)
City State Zip Providence RI 02903	City State Zip (same)
Secretary Name (same)	Treasurer Name (same)
Street Address (same)	Street Address (same)
City State Zip (same)	City State Zip (same)

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

Director Name Cheryl Simino DeWolf	Director Name (same)
Street Address 345 South Main Street	Street Address (same)
City State Zip Providence RI 02903	City State Zip (same)
Director Name (same)	Director Name (same)
Street Address (same)	Street Address (same)
City State Zip (same)	City State Zip (same)

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
8,000 SHS COM	.01 PAR VAL		100	COMMON	.01

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



* 6 6 2 5 8 *

File Date: **3-20-97**
 Check No.: **2319**
 By: **ICD / JEL**

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.

Cheryl DeWolf **2-25-97**
 Signature of Officer Date
Cheryl DeWolf
 Print or Type Name of Officer
President
 Title of Officer

PROFIT CORPORATION 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. 66258		2. NAME OF CORPORATION ACQUANTECH TEMPORARIES, INC.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 345 South Main St.		CITY Providence	STATE RI	ZIP CODE 02903	
4. BUSINESS PHONE NO. (401) 272-7200		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 7732	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Placement of interim accounting professionals					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Cheryl Simino		VICE PRESIDENT NAME same			
STREET ADDRESS 345 South Main Street		STREET ADDRESS			
CITY Prov.	STATE RI	ZIP CODE 02903	CITY	STATE ZIP CODE	
SECRETARY NAME same		TREASURER NAME same			
STREET ADDRESS		STREET ADDRESS			
CITY	STATE	ZIP CODE	CITY	STATE ZIP CODE	
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME Cheryl Simino		DIRECTOR NAME same			
STREET ADDRESS 345 S. Main St.		STREET ADDRESS			
CITY Prov.	STATE RI	ZIP CODE 02903	CITY	STATE ZIP CODE	
DIRECTOR NAME same		DIRECTOR NAME same			
STREET ADDRESS		STREET ADDRESS			
CITY	STATE	ZIP CODE	CITY	STATE ZIP CODE	
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
8,000 SHS COM	.01 PAR VAL		100	Common	.01

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: 1-22-96
Check No: 2080
By: [Signature]

Signature of Officer: [Signature]
Print or Type Name of Officer: Cheryl Simino
Title of Officer: President
Date: 1-19-96

For Secretary of State Use Only



FILED

JAN 04 1995

By DOC

ANNUAL REPORT

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: 0086258 Annual Report for the year: 1995

Name of Corporation: ACQUANTECH TEMPORARIES, INC.

Business entity organized under the laws of the State of RI
 For foreign entity, address and telephone number of principal office:

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

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

*Temporary Placement
 of Accounting Professionals.*

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
345 South Main St.
Providence, RI 02903
 Phone: (401) 272-7200

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>Cheryl A. Simino</u>	<u>345 South Main St.</u>	<u>Providence, RI</u>	<u>02903</u>
VICE PRESIDENT <u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
SECRETARY <u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
TREASURER <u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares 8000 Class / Series Common

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

Number of Shares 100 Class / Series common

Date January 3, 1995

By: Cheryl A. Simino
Cheryl A. Simino
 PRINT OR TYPE NAME OF OFFICER SIGNING
President
 TITLE OF OFFICER SIGNING

Form 31 1-95

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.

CHERYL A. SIMINO
 345 SOUTH MAIN STREET
 PROVIDENCE RI 02903

Check # 175

Filing Fee \$60.00
Payable to
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: ~~05-0461698~~ #66258 Annual Report for the year 1994

Name of Business Entity: Accountech Temporaltes, Inc

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number [REDACTED]

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

Phone [REDACTED]

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

345 South Main Street
Providence, RI 02903

Phone: (401) 272-7200

Business Entity is (check one)
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)
 Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed
Cheryl Simino, President
345 South Main St.
Providence, RI 02903

Brief statement of the character of business conducted in Rhode Island:
Temporary placement of accounting
Finance & MIS personnel

Date of Organization: 12/12/91

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

OFFICE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (See RIGL 7-1.1)	Cheryl A. Simino	345 South Main	Providence, RI	02903
<input checked="" type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (See RIGL 7-1.1)	Michael A. Ayles	345 South Main	Providence, RI	02903
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (See RIGL 7-1.1)	"	"	"	"
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (See RIGL 7-1.1)	"	"	"	"

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 8000	NUMBER 100
CLASS Common	CLASS Common
SERIES	SERIES
PAR VALUE OR WITHOUT PAR .01	PAR VALUE OR WITHOUT PAR .01

Date 9-22 1994 By Cheryl A. Simino
Cheryl A. Simino
President

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC-3 must be filed.

FILED

OCT 6 1994

By [Signature] 1715

Filing Fee \$50.00

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

297

Corporate ID 0066258 Annual Report for the year 1993

FIRST: The name of the corporation is ACCOUNTTECH TEMPORARIES, INC.

SECOND: It is incorporated under the laws of State of RI and Providence Plantations

THIRD: Character of business, briefly stated, is temporary personnel service.

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

FIFTH: Business address in Rhode Island 345 S. Main St., Providence, RI
02903

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

Name	Office	Address (including number, street, zip code)
<u>N/A</u>	Director	
<u>N/A</u>	Director	
<u>N/A</u>	Director	
<u>Cheryl Simino</u>	President	<u>345 S. Main St., Prov. RI 02903</u>
<u>N/A</u>	Vice President	<u>N/A</u>
<u>Michael Ayles</u>	Secretary	<u>154 Wells Avenue, Newton, MA 02164</u>
<u>Michael Ayles</u>	Treasurer	<u>154 Wells Avenue, Newton, MA 02164</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>8000</u>	<u>Common</u>	<u>Common</u>	<u>.01</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>200</u>	<u>Common</u>	<u>Common</u>	<u>.01</u>

MAR 15 1993

SECY OF STATE

Dated March 1, 19 93

Accounttech Temporaries, Inc.
(Name of Corporation)

By Cheryl A. Simino

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

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 66258 Annual Report for the year 1992

FIRST: The name of the corporation is BPS Accounting Temporaries
Name Change Account Tech Temporaries, Inc. Plus, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is The recruitment and
placement of temporary personnel in the marketing of these
services

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

FIFTH: Business address in Rhode Island 2348 Post Road, Warwick, RI
02886

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>Cheyl A. Simino</u>	President	<u>2348 Post Rd. Warwick RI</u> <u>02886</u>
" "	Vice President	" "
" "	Secretary	" "
" "	Treasurer	" "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>8000</u>	<u>Common</u>		<u>.01</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>Common</u>		<u>.01</u>

Rec'd & Filed MAR 25 1992
Series AS

Dated March 25 1992 BPS Accounting Temporaries Plus, Inc.
(Name of Corporation)

By Cheyl A. Simino
Title President

(Report must be signed by an officer)