



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)

1. Corporate ID No. 94860		2. Name of Corporation ENTRACK INC.		
3. Street Address Principal Business Office 16 KIRK BRAE DRIVE		City LINCOLN	State RI	Zip 02865
4. Business Phone No. 401-334-2463		5. State of Incorporation RHODE ISLAND		6. SIC Code 7286
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE COMPUTER CONSULTING SERVICES.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name RONALD KATZ		Vice President Name		
Street Address 16 KIRK BRAE DR		Street Address		
City LINCOLN	State RI	Zip 02865	City	State
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES 0		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000 NO PAR VALUE				

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



File Date	2-22-05
Check No.	277
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
RONALD M. KATZ
Date
1/10/05
President
Title of Officer



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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 94860		2. Name of Corporation ENTRACK INC.		
3. Street Address Principal Business Office 16 KIRKBRIDE DR		City LINCOLN	State RI	Zip 02865
4. Business Phone No. 401-334-2463		5. State of Incorporation RHODE ISLAND		6. SIC Code 7286
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE COMPUTER CONSULTING SERVICES.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name RONALD KATZ		Vice President Name		
Street Address 16 KIRKBRIDE DR		Street Address		
City LINCOLN	State RI	Zip 02865	City	State
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
1,000 NO PAR VALUE			2	

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



* 9 4 8 6 0 *

File Date	RECEIVED
Check No.	JAN 06 2004
By:	BY <u>102 200</u>
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.

Ronald M. Katz 1/5/03
Signature of Officer Date
Ronald M. Katz
Print or Type Name of Officer
President
Title of Officer



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



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.

94860

2. Name of Corporation

RK Consulting Inc.

3. Street Address Principal Business Office

16 KIRKBRAE DRIVE

City

Lincoln

State

RI

Zip

02865

4. Business Phone No.

401-334-2463

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7286

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

EDI SOFTWARE

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

RONALD M. KATZ

Vice President Name

Street Address

16 KIRKBRAE DRIVE

Street Address

City

Lincoln

State

RI

Zip

02865

City

State

Zip

Secretary Name

RONALD M. KATZ

Treasurer Name

Street Address

16 KIRKBRAE DRIVE

Street Address

City

Lincoln

State

RI

Zip

02865

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

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

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



* 9 4 8 6 0 *

FILED

File Date: JAN 23 2003

Check No.: 01893116917

By: RONALD M. KATZ

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.

Ronald M. Katz 1/22/03
Signature of Officer Date

RONALD M. KATZ
Print or Type Name of Officer

President
Title of Officer

5



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



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. 94860 2. Name of Corporation RK Consulting Inc.
3. Street Address Principal Business Office 16 KIRKBRAE DR City Lincoln State RI Zip 02865
4. Business Phone No. 401-334-2463 5. State of Incorporation RHODE ISLAND 6. SIC Code 7286

7. Brief Description of the Character of Business Conducted in Rhode Island
EDI SOFTWARE

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

President Name Ronald M Katz Vice President Name _____
Street Address _____ Street Address _____
City Lincoln State RI Zip 02865 City _____ State _____ Zip _____
Secretary Name _____ 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 _____

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1		

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



* 9 4 8 6 0 *

File Date: 2-4-02
Check No.: 1175
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.

Ronald M Katz 1/15/02
Signature of Officer Date
Ronald M. Katz
Print or Type Name of Officer
President
Title of Officer



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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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. **94860** 2. Name of Corporation **RK Consulting Inc.**

3. Street Address Principal Business Office

16 KIRKBRAE DRIVE

City **Lincoln**

State **RI**

Zip **02865**

4. Business Phone No.

401-334-2463

5. State of Incorporation
RHODE ISLAND

6. SIC Code
7286

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

COMPUTER CONSULTING

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

President Name **RONALD M KATZ**

Vice President Name

Street Address **16 KIRKBRAE DR**

Street Address

City **Lincoln** State **RI** Zip **02865**

City State Zip

Secretary Name

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

Street Address

City State Zip City State Zip

Director Name

Street Address

City State Zip City State Zip

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

AUTHORIZED SHARES

Number of Shares **1,000 NO PAR VALUE** Class/Series **NONE** Par Value

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

ISSUED SHARES

Number of Shares Class/Series Par Value

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



* 9 4 8 6 0 *

4-13-01

File Date:

Check No.: **1085**

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.

Ronald M Katz **2/24/01**
Signature of Officer Date

RONALD M. KATZ
Print or Type Name of Officer

President
Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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. **94860** 2. Name of Corporation **RK Consulting Inc.**

3. Street Address Principal Business Office

16 KIRKBRAE DRIVE

City

Lincoln

State

RI

Zip

02865

4. Business Phone No.

401-334-2463

5. State of Incorporation
RHODE ISLAND

6. SIC Code
7286

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

SOFTWARE CONSULTANT

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

President Name

RONALD M. KATZ

Vice President Name

Street Address

16 KIRKBRAE DR

Street Address

City

Lincoln

State

RI

Zip

02865

City

State

Zip

Secretary Name

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

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

AUTHORIZED SHARES

Number of Shares

Ø

Class/Series

Par Value

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Ø

Class/Series

Par Value

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



* 9 4 8 6 0 *

File Date: 4/17/00

Check No.: 1001

By: Q

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.

Ronald M Katz 3/15/00
Signature of Officer Date

RONALD M KATZ
Print or Type Name of Officer

PRESIDENT
Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



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. 94860 2. Name of Corporation

~~061484150~~ RK Consulting Inc.

3. Street Address Principal Business Office

16 KIRKBRAE DRIVE

4. Business Phone No.

401-334-2463

5. State of Incorporation

Rhode Island

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

SOFTWARE CONSULTING SERVICES

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

President Name

Ronald M. Katz

Street Address

16 KIRKBRAE DRIVE

City

Lincoln

Secretary Name

Street Address

City

State

Zip

Vice President Name

Street Address

City

State

RI

Zip

02865

6. SIC Code

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

Director Name

Street Address

City

State

Zip

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

1000

Class/Series

7872

Par Value

1

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

ISSUED SHARES

Number of Shares

1000

Class/Series

7872

Par Value

1

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

File Date: 7/2/99

Check No.: 385

By: 1610

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.

Ronald M. Katz 6/30/99
Signature of Officer Date

RONALD M. KATZ
Print or Type Name of Officer

President
Title of Officer



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 98
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 94860 2. Name of Corporation RK Consulting Inc
06148450
3. Street Address Principal Business Office 16 KIRKBRAE DRIVE City Lincoln State RI Zip 02865
4. Business Phone No. (401) 5. State of Incorporation RI 6. SIC Code 7286

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

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

President Name <u>RONALD M. KATZ</u>	Vice President Name <u>none</u>
Street Address <u>16 KIRKBRAE Drive</u>	Street Address
City <u>Lincoln</u>	City
State <u>RI</u>	State
Zip <u>02865</u>	Zip
Secretary Name <u>none</u>	Treasurer Name <u>none</u>
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Director Name <u>none</u>	Director Name <u>none</u>
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name <u>none</u>	Director Name <u>none</u>
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
<u>1000</u>		<u>NO PAR VALUE</u>

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>none</u>		

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

File Date: 2/26/98
Check No.: 143
By: KID

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.

Ronald M Katz 2-15-98
Signature of Officer Date
Ronald M. KATZ
Print or Type Name of Officer
PRESIDENT
Title of Officer