

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: Januar (FORM MUST BE TYPED (ling Fee: \$50.00			
1. Corporate ID No 94860	2. Name of Corpora ENTRACK IN				
3. Street Address Principal B	usiness Office KBRAC DI	5. State of Incorporation	City	State	Oa865
7. Brief Description of the Ch	24 29 63 paracter of Business Conducted MPUTER CONSULTING!	RHODE ISLAND)	. 	7286
		RS: ("X" BOX FOR A77	TACHMENT) [] FILL IN	I SPACES BEFORE USIN	NG ATTACHMENTS
Sirect Address	LODO DR		Street Address		
COLIN COLN	State R1	^{zip} 02865	City	State	Zip
Secretary Name	••••••••••••••••••••••••••••••	••••••	Treasurer Name		
Street Address			Stroet Address	-	
City	State	Zip	City	State	Zιρ
9. NAMES AND ADDR Director Name	ESSES OF THE DIRECT	ORS: ("X" BOX FOR A	TTACHMENT) FILL. Director Name	IN SPACES BEFORE US	ING ATTACHMENTS
Street Address			Street Address		
City	State	Zip .	City	State	Zip
Director Name	•••••••••••••••••••••••••••••••••••••••	······································	Director Name	·····	
Street Address			Street Address		
City	State	Zip	City	State	Zφ
10. SHARES AUTHOR AUTHORIZED SHARES	IZED ("X" BOX FOR A	TTACHMENT) 🗌	11. SHARES ISSUED	("X" BOX FOR ATTAC	HMENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALU	<u> </u>				
This report m	ust he signed in ink by	ither the President Vice	President, Secretary, Assist	Inst Secretary Transuras	Pagainer or Trustee
			Under penalty of p	erjury, I declare and affirm	that I have examined this report
File Date	2.22-05	_	contained herein as	re true and correct.	1/10/05
Check No.	277	_	Signature of Officer) M. KGTZ	Date Date
By:FOR SECRETAR	Y OF STATE USE ONLY	- 1	Print or Type Name P(Q 5) Title of Officer	oj Ufficer): RNT	



FOR SECRETARY OF STATE USE ONLY

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

Matthew A. Brown, Secretary of State 401.222.3040 2004 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 94860 ENTRACK INC. 3. Street Address Principal Business Office 5. State of Incorporation 6. SIC Code RHODE ISLAND 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) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Street Address Street Address Treasurer Name Street Address Street Address City State 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address State Zip City State Zip Director Name Director Name Street Address Street Address State 7.ip City State ZIp 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 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 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 corpect. RECEIVED File Date JAN 06 2004

Type Name of Officer



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 TYTED OR PR	INTED IN BLACK)				
1. Corporate ID No.	2. Name of Corpora				. —
94860	RK Consulti	ng Inc.			
3. Street Address Principal Busin	ness Office AE DRIVE		LINCO/ H	State (2hg 2865
4. Business Phone No.		5. State of Incorporation	on	•	6. SIC Code
7. Brief Description of the Chara EDI Sof	icter of Business Conducted i	RHODE ISLAN	ND		7286
8. NAMES AND ADDR		CERS (*X* BOX FOR ATT	ACHMENT) FILL IN SPACES I	BEFORE USING ATTA	CHMENTS
President Name,	1 00 1/-	•	Vice President Name	DE ONE COMO ATTA	
Street Address	the Drive	2	Street Address		
LINCOL N	State	z1902865	City	State	Zip
Secretary Name RONA	J M. KATZ	· · · · · · · · · · · · · · · · · · ·	Treasurer Name	* ** . ******	
Street Address	KORAC DI	•	- Street Address		
LINCOLN	State R1	21p 0286	5 city	State	Zip
9. NAMES AND ADDR Director Name	ESSES OF THE DIR	ECTORS (*X* BOX FOR A	TTACHMENT) FILL IN SPACE Director Name	S BEFORE USING ATT	ACHMENTS
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 AUTHORI:	ZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*	X° BOX FOR ATTACHMEN	T)
Number of Shares 🥳	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			i	•	•
,				•	•
		· 			
This report must be si	gned in ink by eitl	ner the President, Vic	e President, Secretary, Assi	stant Secretary, Treas	urer, Receiver or Trustee
119	 	I (88)		-	

	* 9 4 8 6 0 *	
File Date:	FILED ST EZ HIC	
Check No.:	NAN 2.3 2003 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
OR 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

Date

Print or Type Name of Officer

President

€> 5



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 _



Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 94860 **RK Consulting Inc.** 3. Street Address Principal Business Office Lincoln 5. State of Incorporation **RHODE ISLAND** 7286 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Street Address State 7.Ip 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 City State Zip Director Name Director Name Street Address Street Address City State Zip City State ZIp 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Par Value Class/Series Par Value 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:	2-4-02	
Check No.:	1175	
Ау:	OF STATE LIFE CANA	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, a	and
that all statements contained herein are true and correct.	
Ronald MKRL 1/15/02	
Signature of Officer Date	
President President	
Title of Officer	

C.__ 220 1291

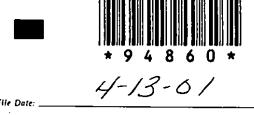
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

riting Period: January 1-March 1	•	ruing ree:	\$50.00
(FORM MUST BE TYPED IN BLACK)			

1. Carporate ID No. 94860	2. Name of Corpora	ntion ting Inc.			
3. Street Address Principal Busine 16 KIRKBRF 4. Business Phone No. 401-334-	HE DRIVE	5. State of incorporation RHODE ISLANC	LINCO N	State RI	^z 10 ♂√ 6. ¥2.8%
7. Brief Description of the Charac	ter of Business Conducted	in Rhode Island			
	ESSES OF THE OFF	ICERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
Street Address	prus De	-	Street Address		
LINCalN	State	°62865	City	State	Zip
Secretary Name	, ,		Treasurer Name		•
Street Address			Street Address		
Clty	State	ZIp	City	State	Zip
9. NAMES AND ADDRE Director Name	SSES OF THE DIR	ECTORS (*X* BOX FOR ATTA	ACHMENT) FILL IN SPAC Director Name	ES BEFORE USING ATT	ACHMENTS
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 AUTHORIZ AUTHORIZZI) STARES	ED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value

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



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.

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

STOP:
PIT VALUE AND PIT VALUE

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 LINCOLN 401-7. 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 Street Address City Zip State Treasurer Name Street Address Street Address City State City 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 City Zip Director Name Director Name Street Address Street Address City State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value 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 O *	
File Date:	4/14/00	
Check No.:	100 / Qx	
By:	OF STATE LISE ONLY	

F 188119 18111 61881 18118 9111 9811 1881

1,000 NO PAR VALUE

Under penalty of perjury, I declare and affirm tha	t I have examined
this report, including any accompanying schedule	es and statements, and
that all statements contained herein are true and	cotrect.
Ronald M Kat	3/15/00
Signature of Officer	Date
ROUALD M KATZ	
Print of Type Name of Officer	
YRESIDEN)	
Title of Officer	



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

STOP PIT USE MRADA INSTRUCTIONS

riting revious juntuary		ing Fee. \$50.00				(IXSTACTI
(FORM MUST BE TYPED IN BLA	en 94860)				
1. Corporate ID No.	2. Name of Corporation					
66-148-13 6	3 KK now	sulting I	NC.			
3. Street Address Principal Business	office	^	City		State	
16 KIRKBR	AC DRIV		Lincol	N	L-T	00002
4. Business Phone No.	111 62	5. State of incorporation	T-1.			6. SIC Code
7. Brief Description of the Character	3463	Rhode :	to HUA			
			o c			
SOFTWARE 8. NAMES AND ADDRES	CONSTITUTION	RS ("X" BOX FOR ATTAC	WVDVT)			
			יות אות אות אות אות אות אות אות אות אות א			
Rangl	JM.KAT	2_				
Street Address	0 1 1/1/(1)	_	Street Address			
16 Kir	KBRAC T	1811ze				
City	KBRACT	210	City		State	Zip
LINCOLN	K+	092002				
Secretary Name		•.	Treasurer Name	•	••	••••
Street Address			Street Address			
City	State	Zip	City		State	Zip
O NIANATE AND ADDRE	CEC OF THE DIRECT	PORE (ava nov con am				
9. NAMES AND ADDRES Director Name	SES OF THE DIRECT	IORS ("X" BOX FOR ALI	Director Name			
Street Address			Street Address			
City	State	Zip	City	•	State	Zip
5.			79 (, , 3)			
Director Name			Director Name			
Street Address			Street Address		•	
			•			
City	State	Zip	City		State	Zip
10 CHARCE AUTHORIZE	D (ava nov son attack		11 CHAREC IS	SUED AVE	OX FOR ATTACHMENT)	
10. SHARES AUTHORIZE AUTHORIZED SHARES	ID (-Y. BOY FOR YLINCE	IMEN I /	II. SHARES IS	SUED (A B	OA FOR MITACHMENT	
Number of Shares 1000	Class/Series 7876	Par Value	Number of Shares	1000	Class/Series 7877	Par Value
70.00		, , , , , , , , , , , , , , , , , , , ,	·	1000	18 10	- •
					•	

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

	ı	
File Date:	7/2/99	
Check No.:	385	
Ву:	KIO	
FOR SECRETARY OF	F 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 MKatz 6/30/99
Signature of Officer Date
BONALD M. KATZ
Print or Type Name of Officer
President
Title of Officer



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 BL					
	6				
1. Corporate ID No. 94 30	2. Name of Corporati	on - <	[na		
3. Street Address Principal Busines		nsulting -		£4.4.4.	71-
16 KIRKBRA			Lincoln	State RT	21p O2 8 6 S
4. Business Phone No.	EURIVE	5. State of Incorporati	CINCOIN	10.1	6. SIC Code
(401)		RT	~		7286
7. Brief Description of the Charact	ter of Business Conducted in				1206
COMPUTER			CF5		
8. NAMES AND ADDRE			-		
President Name	•		Vice President Name		
RONALD M	I, KATZ		none		
Street Address	.		Street Address		
16 KIRKBRA	7E Drive				
City	State RT	078P2	City	State	Zip
LINCOIN	107	0 4 8 6 7			
Secretary Name			· Treasurer Name		
NONE Street Address			none		
Street Maaress			Street Address		
City	State	Zip	City .	State	Zip
9. NAMES AND ADDRE	SSES OF THE DIRE	CTORS ("X" BOX FOR	ATTACHMENT)		
9. NAMES AND ADDRE	SSES OF THE DIRE	CTORS (*X* BOX FOR .	ATTACHMENT) - Director Name		
	SSES OF THE DIRE	CTORS ("X" BOX FOR			·
Director Name	SSES OF THE DIRE	CTORS ("X" BOX FOR A	· Director Name		
Director Name	SSES OF THE DIRE	CTORS ("X" BOX FOR	· Director Name	State	Zip
Director Name OOOC Street Address		·	Director Name OOC Street Address	State -	Zip
Director Name OOOC Street Address City		·	Director Name NOOL Street Address City	State -	Zip
Director Name City Director Name		·	Director Name NOOC Street Address City Director Name	State	Zip
Director Name OOOL Street Address City Director Name OOOL		·	Director Name NOOC Street Address City Director Name	State State	Zip
Director Name City Director Name OOO C Street Address	State State	Zip Zip	Director Name NONE Street Address City Director Name NONE Street Address City	·	Zip
Director Name Street Address City Director Name NONE Street Address City 10. SHARES AUTHORIZ	State State	Zip Zip	Director Name City Director Name NOCE Street Address City 11. SHARES ISSUED	State	Zip

File Date:	2/24	Jar.
Check No.:	148	
Ву:	KID	77
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 Print or Type Name of Officer

Title of Officer

