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	2. Name of Corporation			
144162	ProPayPlus, Inc.			
3. Street Address Principal Business Office: 20 CONGDON DRIVE		City: SOUTH KINGSTOWN	State: RI	Zip: 02879
4. Business Phone No.: 401-286-4680	5. State of Incorporation: DELAWARE			6. SIC Code: 8700

7. Brief Description of the Character of Business Conducted in Rhode Island: PAYROLL ACCOUNTING, SOFTWARE TRAINING APPLICATION

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

President Name	Street Address	City	State	Zip
CLAIRE BOUDREAULT	20 CONGDON DR.	So. KINGSTOWN	RI	02879

Vice President Name	Street Address	City	State	Zip
SERGE BOUDREAULT	20 CONGDON DR.	So. KINGSTOWN	RI	02879

Secretary Name	Street Address	City	State	Zip
SERGE BOUDREAULT	20 CONGDON DR.	So. KINGSTOWN	RI	02879

Treasurer Name	Street Address	City	State	Zip
CLAIRE BOUDREAULT	20 CONGDON DR.	So. KINGSTOWN	RI	02879

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

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

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
1,500 COMM $.01 PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	COMMON	1.00

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

[redacted] [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.

Claire Boudreault — 01-24-05
Signature of Officer — *Date*

CLAIRE BOUDREAULT
Print or Type Name of Officer

PRESIDENT
Title of Officer

[redacted]

File Date FILED
Check No. MAY 09 2005 1625
By: By
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03