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 IN BLACK)

1. Corporate ID No	*2. Name of Corporation*
137172	Protech Solutions, Inc.

3. Street Address Principal Business Office	*City*	*State*	*Zip*
124 W. Capitol, Suite 1500	Little Rock	AR	72201

4. Business Phone No.	*5. State of Incorporation*	*6. SIC Code*
501-687-2350	Arkansas	7371

7. Brief Description of the Character of Business Conducted in Rhode Island
Customized Software, Software Applications, IT Solutions and Services including Consulting

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

President Name	*Street Address*	*City*	*State*	*Zip*
Satish Garimalla	124 W. Capitol, Suite 1500	Little Rock	AR	72201

Vice President Name	*Street Address*	*City*	*State*	*Zip*

Secretary Name	*Street Address*	*City*	*State*	*Zip*
Satish Garimalla	124 W. Capitol, Suite 1500	Little Rock	AR	72201

Treasurer Name	*Street Address*	*City*	*State*	*Zip*
Satish Garimalla	124 W. Capitol, Suite 1500	Little Rock	AR	72201

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

Director Name	*Street Address*	*City*	*State*	*Zip*
Satish Garimalla	124 W. Capitol, Suite 1500	Little Rock	AR	72201

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*
20,000	Common	$.03

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
10,000	Common	$.03

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

[redacted] 137172

FILED
File Date FEB 28 2005
Check No. By 7845 6040
By:
FOR SECRETARY OF STATE USE ONLY

[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.

Signature of Officer *Date* 2/23/05

Satish Garimalla
Print or Type Name of Officer

[redacted] President & CEO
Title of Officer

Form 630 12 01

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 IN BLACK)

1. Corporate ID No. 137172

2. Name of Corporation Protech Solutions, Inc.

3. Street Address Principal Business Office 124 WEST CAPITOL, SUITE 1500

City LITTLE ROCK *State* AR *Zip* 72201-

4. Business Phone No. 501-687-2400

5. State of Incorporation ARKANSAS

6. SIC Code 7371

7. Brief Description of the Character of Business Conducted in Rhode Island
CUSTOMIZED SOFTWARE, SOFTWARE APPLICATIONS, IT SOLUTIONS AND SERVICES INCLUDING CONSULTING

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

President Name Satish Garimalla
Street Address 124 W. Capitol, Suite 1500
City Little Rock *State* AR *Zip* 72201

Vice President Name
Street Address
City *State* *Zip*

Secretary Name Satish Garimalla
Street Address 124 W. Capitol, Suite 1500
City Little Rock *State* AR *Zip* 72201

Treasurer Name Satish Garimalla
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City Little Rock *State* AR *Zip* 72201

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City *State* *Zip*

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Number of Shares	*Class Series*	*Par Value*
10,000	common	$.03

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[redacted] 1 3 7 1 7 2 [redacted]

137172 FBC 01/23/04 04:38:15 PM
File Date 2-9-04
Check No 0333
By [redacted]
FOR SECRETARY OF STATE USE ONLY

[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

[redacted] 1/23/2004
Signature of Officer *Date*

Satish Garimalla
Print or Type Name of Officer

Pres & CEO
Title of Officer

Form 630 12 PI