

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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

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 NetSoft, Inc. 100875 3. Street Address Principal Business Office State of Incorporation (401) 223-7286 RHODE ISLAND 7 Brief Description of the Character of Business Conducted in Rhode Island COMPUTER CONSULTING SALES, NETWORKS, SERVICE AND SOFTWAREDEVELOPMENT. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT") ☐ FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Street Address State Street Address Street Address City State City State OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Director Name Sinvi Address Street Address City State Zф State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Par Value Number of Shares Class Series Class/Series Par Value 1,000 NO PAR VALUE 1000 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 my accompanying schedules and statements, and that all statements herein are true and confect. File Date



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

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

Form 630 Rev. 12/03

Matthew A. Brown, Secretary of State, 401.222.3040

PROFIT CORP		NNUAL REPOR ((Ing Fee: \$50.00	T FOR THE YEA	AR200	04	
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Corporate ID No. 100875	2. Name of Corpore NetSoft, Inc					
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(401) 223-13	000	RHODE ISLANI			7286	
	racter of Business Conducted	l in Rhode Island	OFTWAREDEVELOPMENT.		-	
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	NS CT					
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relary Name			Treasurer Name			
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iy.	State	Zip	City	State	Zip	
NAMES AND ADDRE	 SSES OF THE DIRECT	 TORS: <i>("X" BOX FOR A</i>	: TTACHMENT) □ FILL	 IN SPACES BEFORE US	 SING ATTACHMENTS	
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SEAN E. D	ANIELS		Street Address			
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ile Date	FILED		contained herein a	re (rue and correct.	1-12-6	
ile Date	1 IAM 1 K 2001		Signature of Officer		Date	
By Sold Government of State Use ONLY		<u>-</u>	SEAN E. DANIELS			
		Print or Type Name of Officer CLSIDEWI				

Title 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 TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 100875 NetSoft, Inc. 3. Street Address Principal Business Office Zip 101 W. NATICK 02886 5. State of Incorporation 6. SIC Code (401) 223-7300 **RHODE ISLAND** 7286 7. Brief Description of the Character of Business Conducted in Rhode Island COMPUTER CONSULTING, Networking, SOFTWARE DEVELOPMENT, COMPUTER 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Street Address City State Zio 02812 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 Street Address Street Address City City State Zip 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 1000 NONE

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

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File Date:	1 23 03
Check No.: _	2240
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FOR SECRET	TARY 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		
Sean E Daniels			
Print or Type Name of Officer			
PresideNT			
Title of Officer		Form 630	12/02



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

Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

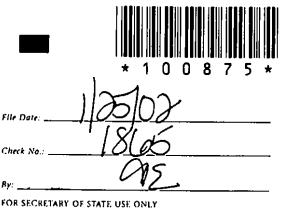
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK) 1. Corporate II) No. 2. Name of Corporation 100875 NetSoft, Inc. 3. Street Address Principal Rusiness Office **RHODE ISLAND** Computer consulting, Networking, SOFT ware Development, compute FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Street Address State Zip Street Address Street Address City 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 Zip State Director Name Street Address Street Address City State 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 1000 NOU

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

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Under penalty of perjury, I declare and affirm that I	have examined
this report, including any accompanying schedules a	
that all statements contained herein are true and co-	rrect.
DOS)	1-22-02
Signifure of Officer / Date	,
Sean E Daniels Print or Type Name of Officer	
President	<u> </u>
Title of Officer	

E-- 630 13101



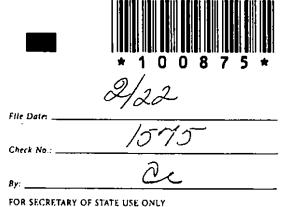
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate 100875 NetSoft Inc. 3. Street Address Principal Business Office 757 Park Avenue 0 2910 6. 4288 (401) 941-0400 7. Brief Description of the Character of Business Conducted in Rhode Island Computer Servicing and computer product sales 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS SEAN Street Address City State 02812 Secretary Name Street Address Street Address City State Zip State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS , Director Name Street Address Zip Director Name Street Address Street Address City State Zio 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 Number of Shares Par Value Cluss/Series Par Value 1,000 NO PAR VALUE 1000 NOUL

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.

Signature of Officer Date

South & Dianiel S

SCIAN E. DANIELS
int or Type Name of Officer

PresiDenT

2. Name of Corporation

NetSoft, Inc.

1. Corporate ID No.

8.

Check No.:

FOR SECRETARY OF STATE USE ONLY

100875

3. Street Address Principal Business Office

788 Reservoir

(401) 941-0400 RHG
7. Brief Description of the Character of Business Conducted in Rhode Island

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

State

Crowston

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

RHODE ISLAND



02910 6. SIC Code

7286

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

8. NAMES AND ADDRE		ICERS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACI Vice President Name	ES BEFORE USING ATTA	CHMENTS
SEAN E. Street Address 22 DOI	Daniels		Street Address		
22 Doi	UNS CT State RI	02812	City	State	Zip
Secretary Name	Nr	06812	Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRE		ECTORS (*x* box for at	TACHMENT) FILL IN SPA	CES BEFORE USING AT	TACHMENTS
	Daniels		Street Address		
City 122 Dou)NS CT.	Zip	City	State	Zip
MICHWOND Director Name	KL	02812	Director Name		
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10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	O ("X" BOX FOR ATTACHMEN	NT)
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*		5 *		perjury, I declare and affi ding any accompanying sc	rm that I have examined hedules and statements, and
رُ ،	19/00		that all statemen	is contained herein are tru	e and correct.

Signature of Officer

Title of Officer



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR /99



FORM MUST BE TYPED I					
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Ident Name	/) , /		Vice President Name		
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	Under penalty of perjury, I declare and affirm that I have examined
1 ,	this report, including any accompanying schedules and statements, and
$\sigma \log \Omega \alpha$	that all statements contained terein are true and correct.
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Check No.:	Sa. E. 12. 26
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Ву:	Print Dype Name of Cyficer
FOR SECRETARY OF STATE USE ONLY	resident
	Note of Officer