

Amended

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: ~~50.00~~ *NO FEE*



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <i>100875</i>		2. Name of Corporation <i>NetSoft, Inc.</i>			
3. Street Address Principal Business Office <i>101 West Natick Rd.</i>			City <i>Warwick</i>	State <i>RI</i>	Zip <i>02886</i>
4. Business Phone No. <i>401-223-7300</i>		5. State of Incorporation <i>Rhode Island</i>			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island <i>Computer Retail, Hardware Retail, Computer Services</i>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <i>Sean Daniels</i>			Vice President Name		
Street Address <i>22 Downs Ct</i>			Street Address		
City <i>Richmond</i>	State <i>RI</i>	Zip <i>02812</i>	City	State	Zip
Secretary Name <i>Sean Daniels</i>			Treasurer Name		
Street Address <i>22 Downs Ct</i>			Street Address		
City <i>Richmond</i>	State <i>RI</i>	Zip <i>02812</i>	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <i>Sean Daniels</i>			Director Name		
Street Address <i>22 Downs Ct</i>			Street Address		
City <i>Richmond</i>	State <i>RI</i>	Zip <i>02812</i>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	Par Value
<i>1000</i>	<i>Common</i>	<i>None</i>	<i>1000</i>	<i>Common</i>	<i>None</i>

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

FILED

NOV 16 2001

By *NA #55*

File Date: _____

Check No.: _____

By: _____

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.

Sean E Daniels 11-16-01
Signature of Officer Date

Sean E. Daniels
Print or Type Name of Officer

President
Title of Officer