

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

## 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 94278 Meaning Maker, Inc. 3. Street Address Principal Business Office State 7.ίρ 35 NEWELL DRIVE CUMBERLAND RI 02864-4. Business Phone No. 5. State of Incorporation 6. SIC Code 4013335464 RHODE ISLAND 7286 7. Brief Description of the Character of Business Conducted in Rhade Island TECHNOLOGY MARKETING SERVICES. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Lois E. Kelly Street Address Street Address 35 Newell Drive City State Zip City State 7.jp Cumberland RI 02864 Secretary Name Treasurer Name Lois E. Kelly Lois E. Kelly Street Address Street Address Same as above Same as above City State City Zφ State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name NONE Street Address . Street Address City State State Zip City Zip Director Nume Director Name Street Address ·Street Address City State City Zip Zip State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Number of Shares Class/Series Par Value Class/Series Par Value 8,000 NO PAR VALUE 1,000 Common No Par This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

9 4 2 7 8	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,
*94278 DBC 02/07/05 10:36:25 AM*	and that all statements contained herein are true and correct.
File Date FILEP	Nov. 2 E. Kelly 3-31-05
Check No. APR 11 (1917) 984	Lois E. Kelly
By	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	President
FOR SECRETARY OF STATE USE ONLY	Title of Officer Form 6



Corporations Division 100 North Main Street, Providence, RI 02903-13 (1) 401-222-3046

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

STOP OPLEASE READ A INSTRUCTIONS

ORM MUST BE TYTED OR P Corporate ID No.	2. Name of Corp	acation			
94278		ning Maker, Inc.			
. Street Address Principal Bus			City	State	Zip
5 Newell Drive	ness office		Cumberland	Rhode Isla	,
I. Business Phone No.		5 State of Incorpora		NOGC 1310	6. SIC Code
401) 333-5464		· · · · ·	ISLAND		7286
TECHNOLOGY MA	acter of Business Conduct RKING SERVICE	ed in Rhode Island			
B. NAMES AND ADD	RESSES OF THE O	FFICERS ("X" BOX FOR A	TTACHMENT) TILL IN SPACE	S BEFORE USING ATTAC	HMENTS
resident Name		<del></del>	Vice President Name		
ois E. Kelly			Lois E. Kelly		
Street Address 5 Newell Drive			Street Address 35 Newell Dri	ve	
City	State	Zip			. Zie
umberland	Rhode	Island 02864	Cumberland	State Rhode Isla	and   C2864
Secretary Name Jois E. Kelly			Treasurer Name		- · · · · · · · · · · · ·
Street Address			Street Address		
ame as above			Sirect Address		
City	State	Zip	City	State	Zıp
2111/00 (220 )		1000000			
9. NAMES AND ADD. Director Name	KESSES OF THE D	IRECTORS ("X" BOX FOR	Director Nume	CES BEFORE USING ATTA	ACHMENTS
Different Hume			Director Nume		
Street Address			Street Address		
City	State	Zip	City	State	Ζιρ
Director Name	<u> </u>		Director Name	<del></del>	
Street Address			Street Address		
C		1			
City	State	Zip	City	State	Zip
IO. SHARES AUTHOR	IZED ("X" BOX FOR A	ATTACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT	r) 🗂
AUTHORIZED SHARES		ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR			1,000	Common	No Par
	·····	<del></del>	·		
				1	
			l l	Į.	L

ile Date:	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, a that all statements contained herein are true and correct.
Check No.: 93-7	Signature of Officer Date
iy:	Iois Kelly  Print or Type Name of Officer  President
OR SECRETARY OF STATE USE ONLY	FIGSIGERE

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

#### 2003 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_

iling Period: January 1–March I 🔹	Filing	Fee:	\$50.00
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GORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

94278

Meaning Maker, Inc.

3 Street Address Principal Business Office

City

State

Zip

35 Newell Drive

S. State of Incorporation

Rhode Island

02864

4. Business Phone No.

6. SIC Code

(401) 333-5464 7. Brief Description of the Character of Business Conducted in Rhode Island

RHODE ISLAND

7286

FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) Vice President Name

President Name

Secretary Name

Street Address

Lois E. Kelly

35 Newell Drive

City

Cumberland

Rhode Island 02864

Lois E. Kelly

Technology marketing services

same as above

City

State

Zip

Lois E. Kelly

Cumber Land

35 Newell Drive

City Cumberland

Rhode Island 02864

Ireasurer Name

Street Address

City

State

State

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

Director Name

Street Address

Street Address

Zip

City

Director Name

State

Zip

Director Name

Street Address

City

Director Name

Street Address

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

8,000 NO PAR VALUE

Number of Shares

Class/Series

Par Value

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

Common

No Par

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



File Date.

Check No.:

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.

Form 659 12/02

2. Name of Corporation

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

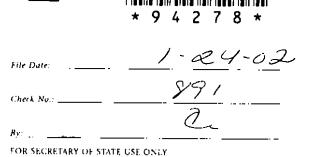
Edward S. Inman, III, Secretary of State Corporations Division

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

94278	Meaning Mak	er, Inc.			
3. Street Address Principal Business (			City	State	Zip
35 Newell Drive 4. Business Phone No. (401) 333-5464		5 State of Incorporation RHODE ISLAND	Cumberland	Rhode	Island 02864 6. SIC Code <b>7286</b>
7. Brief Description of the Character of Technology market	of Business Conducted in ing services				1200
B. NAMES AND ADDRESS President Name	ES OF THE OFFIC	CERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BEF	ORE USING AT	<b>FACHMENTS</b>
Lois B. Kelly			Lois E. Kelly Street Address		
35 Newell Drive			35 Newell Drive		
Din Cumberland	State Phode	Ζφ Island 02864	_cny Cumberland	State	Zip Tolond 02964
ecretary Name	.uicae	1318NG 02004	Treasurer Name	NI.UGE	Island 02864
Lois E. Kelly treet Address same as above			Street Address		
ay	State	Zip	City	State	Zip
P. NAMES AND ADDRESS Director Name treet Address	ES OF THE DIREC	CTORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES BE Director Name Street Address	EFORE USING A	ATTACHMENTS
iity	State	Zıp	City	State	2.ip
prector Name			Director Name		
treet Address		ı	Street Address		
ity	State	Zıp	City	State	Zip
O. SHARES AUTHORIZED UTHORIZED SHARES	("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED (*X* BO	OX FOR ATTACHM	(ENT)
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			1,000	Commor	n No Par

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.



fames 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 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP

FORM MUST BE TYPED IN BLACK)					
. Corporate ID No	2. Name of Corporation				
94278	Meaning Make		di.	<b></b>	2:4
Street Address Principal Business Offi 35 Newell Dr.			Comberland	State	100864
<del>10 - Pobotit - Park - Plac</del> J. Business Phone No.	e, Sth Ploor	S. State of Incorporation	<del>Providenc</del> o	Rhode Island	- <del>07/903-</del> 6. SIC Code
(401) <del>333-9831</del> <b>33</b>	3-5464				7286
7. Brief Description of the Character of I Technology marketine		r Island			
B. NAMES AND ADDRESSES		S ("X" BOX FOR ATTACHMI	ENT)		
resident Name			Vice President Name		
Lois E. Kelly street Address 35 Newell	· · · · · · · · · · · · · · · · · · ·		Street Address E. Kelly  35 Newell	Dr.	_
<del>-0 Abbott Fark Placi</del> <sup>oin</sup> Cumbedand	State	Zip 02864	City Cumberland	State	Zip 02814
Providence	Rhode Isla	and <del>02903</del>	<del>Provide</del> nce	Rhode Island	02903
Secretary Nume			Treasurer Name		
Lois E. Kelly			Street Address		
same as above					
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES	S OF THE DIRECTO	RS (*x" box for attace			
Director Name			Director Nume		
Street Address			Street Address		
City	State	Zip	City	State	Zip
			Disease Name		
Director Name			Director Nume		
Street Address			Street Address		
Сиу	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (	("X" BOX FOR ATTACHM	ENT)	11. SHARES ISSUED ("X" BO	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALA	æ		1,000	Common	No Par

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

	<del></del>
	Under penalty of perjury, I declare and affirm that I have examined
	this report, including any accompanying schedules and statements, and
J. An	that all statements contained herein are true and correct.
File Date	Dois Ellelly 1/20/01
Check No :	Lors E. Kelly
PA A	Print or Type Name of Officer
By:	President
FOR SECRETARY OF STATE USE ONLY	Title of Officer

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 Filing Period: January 1-March 1 • Filing Fee: \$50.00

VEAR 2000 STO

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2 Name of Corporation 94278 Meaning Maker, Inc. 3 Street Address Principal Business Office City State Zip Rhode Island 10 Abbott Park Place, 5th Floor Providence 02903 5. State of Incorporation 6. SIC Code 7286 RHODE ISLAND (401) 333-9031 7 Brief Description of the Character of Business Conducted in Rhode Island Technology marketing services 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Lois E. Kelly Lois E. Kelly Street Address Street Address 10 Abbott Park Place, 5th Floor 10 Abbott Park Place, 5th Floor City Providence Rhode Island 02903 Providence Rhode Island 02903 Secretary Name Treasurer Name Lois E. Kelly Street Address Street Address same as above State Zip City Zip State 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 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 Par Value Class/Series 8,000 NO PAR VALUE 1,000 Common No Par

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

Print of Type Name of Officer

itle of Officer



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 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED IN RE	.ACK)				
1. Corporate ID No. 94278	2. Name of Corpora		aker, Inc.		<del></del>
3. Street Address Principal Busines	ss Office		City	State	Zip
10 Abbott Park Pl	lace, 5th Floo	OT 5. State of Incorporatio	Providence	Rhode Island	1 02903 6. SIC Cade
(401) 333-9031 7. Brief Description of the Charact	ter of Business Conducted I		ISLAND		7286
Technology market 8. NAMES AND ADDRE President Name		ICERS ("X" BOX FOR ATT.	ACHMENT) FILL IN SPACES I	BEFORE USING ATTACHM	ENTS
Lois E. Kelly Street Address			Lois E. Kelly Street Address		
10 Abbott Park Pl	lace, 5th Floo	or <sup>21p</sup>	10 Abbott Park	c Place, 5th Floor	Zip
Providence Secretary Name	Rhode	Island 02903	Providence  Ressuter Name	Rhode Island	
Lois E. Kelly Street Address			Street Address		
same as above	State	Zip	Gity	State	Zip
9. NAMES AND ADDRE	SSES OF THE DIRI	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPACE Director Name	S BEFORE USING ATTACH	MENTS
Street Address			Street Address		
Chy	State	Zip	City	State	Zip
Director Name	•	· ••• • • • • • • • • • • • • • • • • •	Director Name		•••
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED SHARES	ED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*	X BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VAI	LUE		1,000	Common	No Par
This report must be sig	ncd in ink by eith	ner the President, Vic	e President, Secretary, Assis	stant Secretary, Treasurer	— —- , Receiver or Trustee
$\Diamond$	3.31-99	)	this report, including	rjury, I declare and affirm that gany accompanying schedul ontained herein are true and	es and statements, and
File Date:	269	<del></del>	Agnature of Officer	E Killy	3/12/99 Date
Check No.:	25		Frint or Type Name of Off	SE. Kelly	
By:		<del></del>	•••	esident	
FOR SECRETARY OF STATE USE	ONLY			COLUMN	

Title of Officer



8,000 No Par Value

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 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1 Corporate ID No. 2. Name of Corporation 94278 Firepond, Inc. 3. Street Address Principal Business Office State Zip 02903 RI 10 Weyhosset Street Providence 4 Business Phone No. 6. SIC Code 5. State of Incorporation RHODE ISLAND (401) 351-1982 7 Brief Description of the Character of Business Conducted in Rhode Island Technology marketing services and other lawful business. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Lois E Kelly Street Address Street Address 10 Wevhosset Street City State Zip 02903 Providence RΙ Secretary Name Treasurer Name Lois E. Kelly Lois E. Kelly Street Address Street Address 10 Weybosset Street 10 Weybosset Street 02903 02903 RΙ Providence RI Providence 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address City State City State Zip Director Name Director Name Street Address Street Address City 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 Par Value Number of Shares Class/Series

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

1,000

Common

No Par

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
10-5-98	that all statements contained herein are true and correct.
the Date:	Signature of Officer Date
AMP	Print or Type Name of Officer
OR SECRETARY OF STATE USE ONLY	Title of Officer President