



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. 94278		2. Name of Corporation Meaning Maker, Inc.															
3. Street Address Principal Business Office 35 NEWELL DRIVE		City CUMBERLAND	State RI	Zip 02864													
4. Business Phone No. 4013335464		5. State of Incorporation RHODE ISLAND		6. SIC Code 7286													
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS																	
President Name Lois E. Kelly		Vice President Name															
Street Address 35 Newell Drive		Street Address															
City Cumberland	State RI	Zip 02864	City	State	Zip												
Secretary Name Lois E. Kelly		Treasurer Name Lois E. Kelly															
Street Address Same as above		Street Address Same as above															
City	State	Zip	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 NONE		Director Name															
Street Address		Street Address															
City	State	Zip	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"/> AUTHORIZED SHARES					11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES												
Number of Shares			Class/Series			Par Value			Number of Shares			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

94278 DBC 02/07/05 10:36:25 AM

FILED

File Date

Check No. APR 11 2006 980

By: [Signature]

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.

[Signature] 3-31-05
Signature of Officer Date
Lois E. Kelly
Print or Type Name of Officer
President
Title of Officer



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

Corporations Division
100 North Main Street, Providence, RI 02903-1311
401-222-3644

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 94278		2. Name of Corporation Meaning Maker, Inc.			
3. Street Address Principal Business Office 35 Newell Drive			City Cumberland	State Rhode Island	Zip 02864
4. Business Phone No. (401) 333-5464		5. State of Incorporation RHODE ISLAND			6. SIC Code 7286
7. Brief Description of the Character of Business Conducted in Rhode Island TECHNOLOGY MARKING SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Lois E. Kelly			Vice President Name Lois E. Kelly		
Street Address 35 Newell Drive			Street Address 35 Newell Drive		
City Cumberland	State Rhode Island	Zip 02864	City Cumberland	State Rhode Island	Zip 02864
Secretary Name Lois E. Kelly			Treasurer Name		
Street Address same as above			Street Address		
City	State	Zip	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			Director Name		
Street Address			Street Address		
City	State	Zip	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
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.

File Date: 2.18.04

Check No.: 937

By: [Signature]

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.

Signature of Officer Lois E. Kelly Date 2/10/04

Print or Type Name of Officer
Lois Kelly

President



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

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.

94278

2. Name of Corporation

Meaning Maker, Inc.

3. Street Address Principal Business Office

35 Newell Drive

City

Cumberland

State

Rhode Island

Zip

02864

4. Business Phone No.

(401) 333-5464

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7286

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

Lois E. Kelly

Street Address

35 Newell Drive

City

Cumberland

State

Rhode Island 02864

Zip

Secretary Name

Lois E. Kelly

Street Address

same as above

City

State

Zip

Vice President Name

Lois E. Kelly

Street Address

35 Newell Drive

City

Cumberland

State

Rhode Island 02864

Zip

Treasurer Name

Street Address

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

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

8,000 NO 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



* 9 4 2 7 8 *

File Date: 4-1-03

Check No.: 911

By: 10p

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.

Lois E. Kelly 3/2/03
Signature of Officer Date

Lois E. Kelly
Print or Type Name of Officer

President
Title of Officer



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

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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **94278** 2. Name of Corporation **Meaning Maker, Inc.**

3. Street Address Principal Business Office **35 Newell Drive** City **Cumberland** State **Rhode Island** Zip **02864**
4. Business Phone No. **(401) 333-5464** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7286**

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 Lois E. Kelly Street Address 35 Newell Drive City Cumberland State Rhode Island Zip 02864	Vice President Name Lois E. Kelly Street Address 35 Newell Drive City Cumberland State Rhode Island Zip 02864
Secretary Name Lois E. Kelly Street Address same as above City _____ State _____ Zip _____	Treasurer Name _____ Street Address _____ 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 _____	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
8,000 NO 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



* 9 4 2 7 8 *

File Date: 1-24-02
Check No.: 891
By: [Signature]

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.

Lois E. Kelly 1/21/02
Signature of Officer Date
Lois E. Kelly
Print or Type Name of Officer
President
Title of Officer



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

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 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 94278
2. Name of Corporation Meaning Maker, Inc.
3. Street Address Principal Business Office
35 Newell Dr.
10 Abbott Park Place, 5th Floor
4. Business Phone No. (401) 333-9031 333-5464
5. State of Incorporation Rhode Island
7. Brief Description of the Character of Business Conducted in Rhode Island
Technology marketing services

City Cumberland State Rhode Island Zip 02864
Providence 02903
6. SIC Code 7286

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name
Lois E. Kelly
Street Address
35 Newell Dr.
10 Abbott Park Place, 5th Floor
City Cumberland State Rhode Island Zip 02864
Providence 02903

Vice President Name
Lois E. Kelly
Street Address
35 Newell Dr.
10 Abbott Park Place, 5th Floor
City Cumberland State Rhode Island Zip 02864
Providence 02903

Secretary Name
Lois E. Kelly
Street Address
same as above
City State Zip

Treasurer Name
Street Address
City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name
Street Address
City State Zip
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
8,000 No 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 1/25/01
Check No 862
By CCR
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.

Signature of Officer Lois E. Kelly Date 1/20/01
Print or Type Name of Officer
President
Title of Officer



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

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

(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

10 Abbott Park Place, 5th Floor

Providence

Rhode Island

02903

4. Business Phone No.

5. State of Incorporation

6. SIC Code

(401) 333-9031

RHODE ISLAND

7286

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

State

Zip

City

State

Zip

Providence

Rhode Island 02903

Providence

Rhode Island 02903

Secretary Name

Treasurer Name

Lois E. Kelly

Street Address

Street Address

same as above

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

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 NO 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



* 9 4 2 7 8 *

File Date: 3/30/00

Check No.: 298

By: [Signature]

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.

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer

Lois E. Kelly

3/23/00

President



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

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 BLACK)

1. Corporate ID No. 94278 2. Name of Corporation Meaning Maker, Inc.
3. Street Address Principal Business Office 10 Abbott Park Place, 5th Floor City Providence State Rhode Island Zip 02903
4. Business Phone No. (401) 333-9031 5. State of Incorporation RHODE ISLAND 6. SIC Code 7286
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 <u>Lois E. Kelly</u> Street Address <u>10 Abbott Park Place, 5th Floor</u> City <u>Providence</u> State <u>Rhode Island</u> Zip <u>02903</u> Secretary Name <u>Lois E. Kelly</u> Street Address <u>same as above</u> City _____ State _____ Zip _____	Vice President Name <u>Lois E. Kelly</u> Street Address <u>10 Abbott Park Place, 5th Floor</u> City <u>Providence</u> State <u>Rhode Island</u> Zip <u>02903</u> Treasurer Name _____ Street Address _____ 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 _____	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
<u>8,000 NO PAR VALUE</u>		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>1,000</u>	<u>Common</u>	<u>No Par</u>

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

File Date: 03-31-99

Check No.: 263

By: [Signature]

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.

Signature of Officer Lois E. Kelly Date 3/12/99

Print or Type Name of Officer Lois E. Kelly

Title of Officer President



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

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

10 Weybosset Street

City

Providence

State

RI

Zip

02903

4. Business Phone No.

(401) 351-1982

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

Lois E Kelly

Vice President Name

Street Address

10 Weybosset Street

Street Address

City

Providence

State

RI

Zip

02903

City

State

Zip

Secretary Name

Lois E. Kelly

Treasurer Name

Lois E. Kelly

Street Address

10 Weybosset Street

Street Address

10 Weybosset Street

City

Providence

State

RI

Zip

02903

City

Providence

State

RI

Zip

02903

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 No 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: 6-5-98

Check No.: 121

By: AMF

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.

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer