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. 135878

2. Name of Corporation Rye Payroll Services, Inc.

3. Street Address Principal Business Office 40 WESTMINSTER STREET, SUITE 305 | *City* PROVIDENCE | *State* RI | *Zip* 02903-

4. Business Phone No. 4014545000

5. State of Incorporation RHODE ISLAND

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE PAYROLL AND EMPLOYEE SERVICES TO OTHER ENTITIES

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

President Name Patrick T. Caine
Street Address 40 Westminster Street, Suite 305
City Providence | *State* RI | *Zip* 02903

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

Secretary Name Patrick T. Caine
Street Address 40 Westminster Street, Suite 305
City Providence | *State* RI | *Zip* 02903

Treasurer Name Patrick T. Caine
Street Address 40 Westmisnter Street, Suite 305
City Providence | *State* RI | *Zip* 02903

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*
100	common	no par value

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

[redacted] 1 3 5 8 7 8

135878 DBC 03/16/05 10:18:35 AM
File Date 3/16/05
Check No. 2914
By: DA
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*

PATRICK T. CAINE
Print or Type Name of Officer

[redacted] President
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 OR PRINTED IN BLACK)

1. Corporate ID No	*2. Name of Corporation*			
135878	Rye Payroll Services, Inc.			
3. Street Address Principal Business Office		*City*	*State*	*Zip*
40 Westminster Street, Ste. 305		Providence	RI	02903
4. Business Phone No.	*5. State of Incorporation*			*6. SIC Code*
401-454-5000	RHODE ISLAND			

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President Name	*City*	*State*	*Zip*
Patrick T. Caine			
Street Address			
40 Westminster Street, Ste. 305			
	Providence	RI	02903

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

Secretary Name	*City*	*State*	*Zip*
Patrick T. Caine			
Street Address			
40 Westminster Street, Ste. 305			
	Providence	RI	02903

Treasurer Name	*City*	*State*	*Zip*
Patrick T. Caine			
Street Address			
40 Westminster Street, Ste. 305			
	Providence	RI	02903

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Director Name	*City*	*State*	*Zip*
Street Address			

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Street Address			

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Street Address			

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100	common	no par value

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

[redacted]

* 135878 *

File Date 2-26-04

Check No. 2659

By: a

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.

P Caine 2/25/04

Signature of Officer *Date*

Patrick T. Caine
Print or Type Name of Officer

President
Title of Officer

[redacted]

Form 630 Rev. 12/03