

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

Office of	the Secretary of State				401.222.304	
PROFIT COR	RPORATION A	ANNUAL REP	ORT FOR THE	YEAR 2005		
FORM MUST BE TYPED		ming Fee. \$50.00				
I. Corporate ID No.	2. Name of Corpo	ration			•	
135878	Rye Payroll	Services, Inc.				
3. Street Address Principal	Business Office		City	Sinc	Zip	
40 WESTMINSTER	STREET, SUITE	305	PROVIDENCE	RI	02903-	
4. Business Phone No. 4014545000		5. State of Incorporation RHODE ISLAN			6. SIC Code	
7. Brief Description of the TO PROVIDE PAYRO	Churucter of Business Con	ducted in Rhode Island SERVICES TO OTHER	ENTITIES			
8. NAMES AND ADD President Name Patrick T. Cait		ICERS ("X" BOX FOR A	TTACHMENT)	ACES BEFORE USING A	TACHMENTS	
Pacifick I. Cali Street Address	ne		P 4.11			
	Street, Suite	305	Street Address			
		_	40.	_		
City Providence	Siute RI	Zip	City	State	Zip	
ecretary Name	KI.	02903	Treasurer Name			
Patrick T. Cair	ne.		Patrick T. Cain	•		
Sireet Address			Sircei Address			
40 Westminster Street, Suite 305			40 Westmishter Street, Suite 305			
City	State	Zip	City	State	Zip	
Providence	RI	02903	Providence	RI	02903	
9. NAMES AND ADD Director Name	RESSES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT)   FILL IN S	SPACES BEFORE USING	ATTACHMENTS	
Street Address			Street Address		•	
City	State	Zip	City	State	Zip	
Director Name			Director Name			
street Address			Street Address			
2ity	· State	Zip	City	State	Zip	
10. SHARES AUTHO	RIZED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("X	" BOX FOR ATTACHMEN	カロ	
Number of Shares	Class/Series	Par Value	Number of Shares	Closs/Scries	Par Value	
3,000 NO PAR VAL	UE		100	common	no par value	
his report must he s	ioned in ink by eithe	er the President Vice :	President, Secretary, Assis	sioni Sacrotury Trans	rear Pagainar or Tructa	
	And in the by entire	r me r residem. Tree i	resident, Secretary, Asse.	num secretary, measi	irer, Receiver or Truste	
1 3	5 8 7 8			jury, I declare and affirm		

\*135878 DBC 03/16/05 10:18:35 AM\*

File Date 3 16 5

Check No. 29 1 4

By: DA\*

FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

PATRICK T. CAINE

Print or Type Name of Officer

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

t. Business Phone No. 401–454–50	Rye Payroll							
3 Street Address Principal Business 40 Westmin 5. Business Phone No. 401-454-50	Office .	OCITICES, IIIC.	2. Name of Corporation  Rye Payroll Services, Inc.					
t. Business Phone No. 401–454–50		· <u>·</u>	City	City State Zip				
t. Business Phone No. 401–454–50	40 Westminster Street, Ste. 305			RI	02903			
<u> 401-454-50</u>		5. State of Incorporation	Providence		6. SIC Code			
	401-454-5000 RHODE ISLAN		n					
Brief Description of the Character TO PROVIDE PAYROLI	of Business Conducted  AND EMPLOYEE	d in Rhode Island SERVICES TO OTHER E	<del>-</del>		· · · · · · · · · · · · · · · · · · ·			
. NAMES AND ADDRESSE	S OF THE OFFICE	ERS: ("X" BOX FOR AT	TACHMENT)   FILL IN SP	ACES BEFORE USIN	NG ATTACHMENTS			
President Name			Vice President Name					
Patrick T.	Caine							
Sirve Address			Street Address					
	ster Street	Ste. 305						
liy	State	Zip	City	State	Zip			
Providence	RI	<u>l</u> 02903	•••••					
recretary: Name			Treasurer Name					
Patrick T. Cair	ne		Patrick T. Caine					
ricet Address			Sirvei Address					
40 Westminster St			40 Westminster Street, Ste. 305					
iry Providence . NAMES AND ADDRESSE	RI S OF THE DIRECT	7/p 02903	City  Providence	State RI	2φ 02903 ing attachments			
Director Name		· • • • • • • • • • • • • • • • • • • •	Director Name	TACES BEI ORE 03	ing at the intent			
Sirvet Address			Street Address					
	State	Zip	City	State	7/0			
•		7.9	Chy	Sinie	Zip			
Director Name			Director Nume					
Street Address			Street Address					
lty	State	Zip	City	State	ZIP			
0. SHARES AUTHORIZED LTHORIZED SHARES	("X" BOX FOR	 NTTACHMENT)	11. SHARES ISSUED ("X	 " BOX FOR ATTAC	HMENT) [			
'umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value			
8,000 NO PAR VALUE			100	common	no par value			

File Date 2 - 24 - 04

Check No. 2 - 59

By: FOR SECRETARY OF STATE USE ONLY

Onder penalty of perjury, I declare and affirm that I	•
including any necompanying schedules and stateme	ents, and that all statements
contained herein are true and correct.	ı i.
_ / Clairl	2/25/01
Signature of Officer	Date
Patrick T. Caine	
Print or Type Name of Officer	
President	
Title of Officer	
	Form 630 Rev. 12/03