



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. 89878 2. Name of Corporation CAPTURE, INC.
3. Street Address Principal Business Office 334 Knight Street #133 City WARWICK State RI Zip 02886
4. Business Phone No. 4017328907 5. State of Incorporation RHODE ISLAND 6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island
TO PERFORM CONSULTING.

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

President Name Stuart Marion Vice President Name Maureen Marion
Street Address 334 Knight Street #133 Street Address 334 Knight Street #133
City Warwick State RI Zip 02886 City Warwick State RI Zip 02886
Secretary Name Stuart Marion Treasurer Name Maureen Marion
Street Address 334 Knight Street #133 Street Address 334 Knight Street #133
City Warwick State RI Zip 02886 City Warwick State RI Zip 02886

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

Director Name Stuart Marion Director Name Maureen Marion
Street Address 334 Knight Street #133 Street Address 334 Knight Street #133
City Warwick State RI Zip 02886 City Warwick State RI Zip 02886
Director Name Director Name
Street Address Street Address
City City State State Zip Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common None

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



8 9 8 7 8

89878 DBC 04/04/05 03:06:17 PM

File Date 4/8/05

Check No. 3888

By: D.

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Stuart Marion

Print or Type Name of Officer

President

Title of Officer

Date

4/5/05



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 02903-133
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED IN BLACK)

| | | | |
|---|--|---|---------------------|
| 1. Corporate ID No. 89878 | | 2. Name of Corporation CAPTURE, INC. | |
| 3. Street Address Principal Business Office 1944 WARWICK AVENUE, SUITE 1 | | City WARWICK | State RI |
| 4. Business Phone No. 4017328907 | | 5. State of Incorporation RHODE ISLAND | 6. SIC Code 8888 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island TO PERFORM CONSULTING. | | | |

| | | | | | |
|--|-------------|--------------|--|-------------|--------------|
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Stuart Marion | | | Vice President Name Maureen Marion | | |
| Street Address 1944 Warwick Avenue, Suite 1 | | | Street Address 1944 Warwick Avenue, Suite 1 | | |
| City Warwick | State RI | Zip 02889 | City Warwick | State RI | Zip 02889 |
| Secretary Name Stuart Marion | | | Treasurer Name Maureen Marion | | |
| Street Address 1944 Warwick Avenue, Suite 1 | | | Street Address 1944 Warwick Avenue, Suite 1 | | |
| City Warwick | State RI | Zip 02889 | City Warwick | State RI | Zip 02889 |

| | | | | | |
|---|-------------|--------------|--|-------------|--------------|
| 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Stuart Marion | | | Director Name Maureen Marion | | |
| Street Address 1944 Warwick Avenue, Suite 1 | | | Street Address 1944 Warwick Avenue, Suite 1 | | |
| City Warwick | State RI | Zip 02889 | City Warwick | State RI | Zip 02889 |
| 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 |
| 600 NO PAR VALUE | | | 100 | Common | None |
| | | | | | |

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



8 9 8 7 8

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

Stuart Marion

Print or Type Name of Officer

President

89878 DBC 03/29/04 03:08:12 PM

File Date

4/26/04

Check No.

1101

By:

St.

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

| | | | |
|--|-------------|---|---------------------|
| 1. Corporate ID No. *89878* | | 2. Name of Corporation CAPTURE, INC. | |
| 3. Street Address Principal Business Office 1944 WARWICK AVENUE, SUITE 1 | | City WARWICK | State RI |
| 4. Business Phone No. 4017328907 | | 5. State of Incorporation RHODE ISLAND | 6. SIC Code 8888 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island TO PERFORM CONSULTING, COMPUTING AND TOTAL QUALITY MANAGEMENT SERVICES. | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | |
| President Name STUART MARION | | Vice President Name MAUREEN MARION | |
| Street Address 1944 WARWICK AVENUE, SUITE 1 | | Street Address 1944 WARWICK AVENUE, SUITE 1 | |
| City WARWICK | State RI | Zip 02889 | City WARWICK |
| Secretary Name STUART MARION | | Treasurer Name MAUREEN MARION | |
| Street Address 1944 WARWICK AVENUE, SUITE 1 | | Street Address 1944 WARWICK AVENUE, SUITE 1 | |
| City WARWICK | State RI | Zip 02889 | City WARWICK |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | |
| Director Name STUART MARION | | AUTHORIZED SHARES | |
| Street Address 1944 WARWICK AVENUE, SUITE 1 | | Number of Shares | |
| City WARWICK | State RI | Zip 02889 | Class/Series |
| Director Name STUART MARION | | Par Value | |
| Street Address 1944 WARWICK AVENUE, SUITE 1 | | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | |
| City WARWICK | | ISSUED SHARES | |
| State RI | | Number of Shares | |
| Zip 02889 | | Class/Series | |
| 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 | | Number of Shares | |
| Class/Series | | Class/Series | |
| Par Value | | Par Value | |
| 600 NO PAR VALUE | | 100 | |
| | | COMMON | |
| | | NONE | |

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



* 8 9 8 7 8 *

****89878* 3/31/01 2129334-1-1**

File Date

APR 29 2003

Check No.

By GMA 31-7550

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.

Signature of Officer _____

~~STUART MARION~~

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

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. **89878** 2. Name of Corporation **CAPTURE, INC.**

3. Street Address Principal Business Office
1944 Warwick Avenue, Suite 1 City **Warwick** State **RI** Zip **02889**
4. Business Phone No. **401-732-8907** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island

To perform consulting, computing and total quality management services.

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

President Name

Stuart Marion

Vice President Name

Maureen Marion

Street Address

1944 Warwick Avenue, Suite 1

Street Address

1944 Warwick Avenue, Suite 1

City **Warwick** State **RI** Zip **02889**

City **Warwick** State **RI** Zip **02889**

Secretary Name

Stuart Marion

Treasurer Name

Maureen Marion

Street Address

1944 Warwick Avenue, Suite 1

Street Address

1944 Warwick Avenue, Suite 1

City **Warwick** State **RI** Zip **02889**

City **Warwick** State **RI** Zip **02889**

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

Director Name

Stuart Marion

Director Name

Maureen Marion

Street Address

1944 Warwick Avenue, Suite 1

Street Address

1944 Warwick Avenue, Suite 1

City **Warwick** State **RI** Zip **02889**

City **Warwick** State **RI** Zip **02889**

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
600 NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value
100 Common None

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



* 8 9 8 7 8 *

File Date: **4-16-02**

Check No.: **567**

By: **2**

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

Stuart Marion

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 02903-1335
401-222-3040



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. **89878** 2. Name of Corporation **CAPTURE, INC.**

3. Street Address Principal Business Office
1944 Warwick Avenue, Suite 1 City **Warwick** State **RI** Zip **02889**
4. Business Phone No. **401-732-8907** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island
To perform consulting, computing and total quality management services.

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

| | |
|---|---|
| President Name Stuart Marion | Vice President Name Marion Marion |
| Street Address 1944 Warwick Avenue, Suite 1 | Street Address 1944 Warwick Avenue, Suite 1 |
| City Warwick State RI Zip 02889 | City Warwick State RI Zip 02889 |
| Secretary Name Stuart Marion | Treasurer Name Maureen Marion |
| Street Address 1944 Warwick Avenue, Suite 1 | Street Address 1944 Warwick Avenue, Suite 1 |
| City Warwick State RI Zip 02889 | City Warwick State RI Zip 02889 |

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

| | |
|---|---|
| Director Name Stuart Marion | Director Name Maureen Marion |
| Street Address 1944 Warwick Avenue, Suite 1 | Street Address 1944 Warwick Avenue, Suite 1 |
| City Warwick State RI Zip 02889 | City Warwick State RI Zip 02889 |
| Director Name | Director Name |
| Street Address | Street Address |
| City | City |
| State | State |
| Zip | Zip |

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

AUTHORIZED SHARES

| | | |
|-----------------------------|--------------|-----------|
| Number of Shares | Class/Series | Par Value |
| 600 SHS NO PAR VALUE | | |

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

ISSUED SHARES

| | | |
|------------------|---------------|-------------|
| Number of Shares | Class/Series | Par Value |
| 100 | Common | None |

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



* 8 9 8 7 8 *

File Date: **3-27-01**

Check No.: **206**

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

Stuart Marion

Print or Type Name of Officer

President

Title of Officer

Date

3/26/01



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

89878 CAPTURE, INC.

3. Street Address Principal Business Office

1944 Warwick Avenue, Suite 1

City

Warwick

State

RI

Zip

02889

4. Business Phone No.

401-732-8907

5. State of Incorporation

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
RHODE ISLAND

To perform consulting, computing and total quality management services.

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

President Name

Stuart Marion

Vice President Name

Maureen Marion

Street Address

1944 Warwick Avenue, Suite 1

Street Address

1944 Warwick Avenue, Suite 1

City

Warwick

State

RI

Zip

02889

City

Warwick

State

RI

Zip

02889

Secretary Name

Stuart Marion

Treasurer Name

Maureen Marion

Street Address

1944 Warwick Avenue, Suite 1

Street Address

1944 Warwick Avenue, Suite 1

City

Warwick

State

RI

Zip

02889

City

Warwick

State

RI

Zip

02889

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

Director Name

Stuart Marion

Director Name

Maureen Marion

Street Address

1944 Warwick Avenue, Suite 1

Street Address

1944 Warwick Avenue, Suite 1

City

Warwick

State

RI

Zip

02889

City

Warwick

State

RI

Zip

02889

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

600 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100 Shares

Common

None

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



* 8 9 8 7 8 *

File Date: 2-15-00

Check No.: 3452

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

Stuart Marion

Print or Type Name of Officer

President

Title of Officer

Date

2-9-2000



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 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 89878
2. Name of Corporation CAPTURE, INC.

3. Street Address Principal Business Office
1944 Warwick Avenue, Suite 1

City Warwick State RI Zip 02889

4. Business Phone No. 401-732-8907
5. State of Incorporation Rhode Island

6. SIC Code 0000

7. Brief Description of the Character of Business Conducted in Rhode Island
To perform consulting, computing and total quality management services.

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

President Name
Stuart Marion

Vice President Name
Maureen Marion

Street Address
1944 Warwick Avenue, Suite 1

Street Address
1944 Warwick Avenue, Suite 1

City Warwick State RI Zip 02889

City Warwick State RI Zip 02889

Secretary Name
Stuart Marion

Treasurer Name
Maureen Marion

Street Address
1944 Warwick Avenue, Suite 1

Street Address
1944 Warwick Avenue, Suite 1

City Warwick State RI Zip 02889

City Warwick State RI Zip 02889

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

Director Name
Stuart Marion

Director Name
Maureen Marion

Street Address
1944 Warwick Avenue, Suite 1

Street Address
1944 Warwick Avenue, Suite 1

City Warwick State RI Zip 02889

City Warwick State RI Zip 02889

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 |
|------------------|--------------|-----------|
| 600 Shares | Common | None |

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

ISSUED SHARES

| Number of Shares | Class/Series | Par Value |
|------------------|--------------|-----------|
| 100 Shares | Common | None |

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

File Date: 04-13-99

Check No.: 3087

By: JD

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
Stuart Marion

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 **1998**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No.

89878

2. Name of Corporation

CAPTURE, INC.

3. Street Address Principal Business Office

80 Oakside Avenue

4. Business Phone No.

401-732-8907

City

Warwick

State

RI

Zip

02886

6. SIC Code

5. State of Incorporation
RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhode Island

To perform consulting, computing and total quality management services.

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

President Name

Stuart Marion

Street Address

80 Oakside Avenue

City

Warwick

State

RI

Zip

02886

Vice President Name

Maureen Marion

Street Address

30 Oakside Avenue

City

Warwick

State

RI

Zip

02886

Secretary Name

Stuart Marion

Street Address

80 Oakside Avenue

City

Warwick

State

RI

Zip

02886

Treasurer Name

Maureen Marion

Street Address

80 Oakside Avenue

City

Warwick

State

RI

Zip

02886

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

Director Name

Stuart Marion

Street Address

80 Oakside Avenue

City

Warwick

State

RI

Zip

02886

Director Name

Maureen Marion

Street Address

80 Oakside Avenue

City

Warwick

State

RI

Zip

02886

Director Name

Street Address

City

State

Zip

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100 Shares

Common

No Par

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



* 8 9 8 7 8 *

File Date: 5/12/98

Check No.: 2803

By: UM

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.

Stuart Marion 5/11/98
Signature of Officer Date

Stuart Marion
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 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

89878,

2. Name of Corporation

CAPTURE, INC.

3. Street Address Principal Business Office

80 Oakside Avenue

City

Warwick

State

RI

Zip

02886

4. Business Phone No.

401-732-8907

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

To perform consulting, computing and total quality management services

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

President Name

Stuart Marion

Vice President Name

Maureen Marion

Street Address

80 Oakside Avenue

Street Address

80 Oakside Avenue

City

Warwick

State

RI

Zip

02886

City

Warwick

State

RI

Zip

02886

Secretary Name

Stuart Marion

Treasurer Name

Maureen Marion

Street Address

80 Oakside Avenue

Street Address

80 Oakside Avenue

City

Warwick

State

RI

Zip

02886

City

Warwick

State

RI

Zip

02886

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

Director Name

Stuart Marion

Director Name

Maureen Marion

Street Address

80 Oakside Avenue

Street Address

80 Oakside Avenue

City

Warwick

State

RI

Zip

02886

City

Warwick

State

RI

Zip

02886

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 SHS NO PAR VALUE

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100 shares

no par value

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



* 8 9 8 7 8 *

File Date: 4/21/97

Check No.: 2448

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

Stuart Marion

Print or Type Name of Officer

President

Title of Officer