

# 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, RJ 02903-1335 401.222.3040

Form 630 12/01

PROFIT CORPO	DRATION	ANNUAL RE	PORT FOR THE YE	AR 2005	_
Filing Period: January 1 - (FORM MUST BE TYPED IN 1		iling Fee: \$50.00			<del></del>
1. Corporate ID No.	2. Name of Corpo				
89878	I CAPTURE,	INC.			
3. Street Address Principal Busin			City	State	Zip
334 Knight Street 4. Business Phone No.	#133		WARWICK	RI	02886
4. Dusiness Phone No. 4017328907		5. State of Incorpo			6. SIC Code
	antam of Burning To	RHODE ISL	AND		8888
7. Brief Description of the Chara TO PERFORM CONSULTI	NG.	ducted in Khode Island			
8. NAMES AND ADDRES	SES OF THE OF	ICERS C'X" BOX FO	RATTACHMENT)   FILL IN SPACE	C DEFORE USING ATTA	Tribaraloro
i resident name			Vice President Name	a perove dalivoy I IV	CHMEN18
Stuart Marion			. Maureen Marion		
Street Address			Street Address		
334 Knight Street	#133		. 334 Knight Street	#133	
City Warwick	State RI	Zip	City	State	Zip
Secretary Name	KI	02886	Warwick Treasurer Name	RI	02886
Stuart Marion			Maureen Marion		
Street Address		<del></del>	* Street Address		
334 Knight Street	#133		.334 Knight Street	#133	
City	State	Zip	City	State	Zip
Warwick	RI	02886	. Warwick	RI	02886
9. NAMES AND ADDRESS Director Name	SÉS OF THÊ DIR	ECTORS ("X" BOX F	OR ATTACHMENT)   FILL IN SPAC		
Stuart Marion			'Maureen Marion		
Street Address	<del></del>	·	Street Address	<del></del>	_
334 Knight Street	#133		334 Knight Street	#133	
City	State	Zip	·Ciry	State	Zip .
Warwick	RI	02886	Warwick	RI	02886
Director Name		• • • • • • • • •	Director Name	e te	
Second III			:	_	
Street Address			Street Address		
City	State	Zip	.City	State	Zip
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10. SHARES AUTHORIZE	D ("X" BOX FOR	ATTACHMENT)	II. SHARES ISSUED ("X" BO	X FOR ATTACHMENT	, 1
AUTHORIZED SHARES			ISSUED SHARES	in to an incline in the	٠.
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This was and work it is	<del>, ,</del>			<u> </u>	1 -
inis report must be signe	d in ink by eithe	r the President, Vic	e President, Secretary, Assistant	Secretary, Treasurer,	Receiver or Trustee
	H311 101				
			_		
8 9 8	7 8		Under penalty of perjuty,	I declare and affirm that I	have examined
			this report, including any	accompanying schedules	and statements,
*89878 DBÇ 04/04/05 (	03:06:17 PM*		and that all statements of	nhained herein are true and	d correct.
File Date 4 8 0 <	•		the state of the	V \	الماحاء ا
2010	<del></del>	-	Signative of Officer V		4/5/05
Check No 3888	<u>.</u>	_	Stuart Marion	Date	
<u>.</u> ιΔ	<del></del>		Print or Type Name of Office	<u></u>	
By: <b>V J</b> ·		-	President	<del></del>	
FOR SECRETARY OF STATE	USE ONLY	1	1 I CSIUCIIL		



Matthew A. Brown, Secretary of State Corporations Divisio 100 North Main Street, Providence, RI 02903-133 401.222.304

Filing Period: January FORM MUST BE TYPED I					
I. Corporate ID No.	2. Name of Corpo	oration			Milde Westerlichter in glass, aus
89878	CAPTURE,				
3. Street Address Principal E	usiness Office	<del></del>	City	State	Zip
1944 WARWICK AV			WARWICK	RI	02889
Business Phone No.		5. State of Incorpora			6. SIC Code
4017328907		RHODE ISLA			8888
Brief Description of the C	haracter of Rusiness Co				
TO PERFORM CONSUL		watered in friede Island			
R NAMES AND ADDR	ESSES OF THE OF	FICEDS /"V" POV FOL	ATTACHMENT)   FILL IN S	DI CES DEFONE VIOLO	TO A CULT STORY
resident Name	ESSES OF THE OF	HEERS A BOX FOR	Vice President Name	SPACES BEFORE USING A	TACHMENTS
Stuart Marion			· Maureen Mario	n	
treet Address		***************************************	Street Address		
1944 Warwick Av	enue, Suite 1		. 1944 Warwick	Avenue, Suite 1	
City	State	Zip	City	State	Zip
Warwick	RI	02889	Warwick	RI	02889
cretary Name			Treasurer Name	• • • • • • • • • • • • • • • • • • • •	
Stuart Marion			Maureen Marior	1	
treet Address			Street Address	······································	
1944 Warwick Av	enue, Suite 1		.1944 Warwick A	venue, Suite 1	
lity	State	Zip	City	State	Zip
Várwick	RI	02889	. Warwick	RI	02889
NAMES AND ADDR	ESSES OF THE DI	i	OR ATTACHMENT) TELLE I	•	
irector Name	The state of the s	TAME OF THE PARTY	Director Name	TOLOGO DEPORE VOING	VITVOIMENTO
Stuart Marion			Maureen Mario	1	•
treet Address	*** - <del>- ***</del>		Street Address	-	
1944 Warwick Av	enue. Suite 1			Avenue, Suite 1	
City Marwick Ave	State	Zip	·City	State	7:
Marwick	RI	028889	·Warwick	RI	<i>Zip</i> 02889
Director Name					] 02009
			· Director Name		
Street Address			· Street Address		
от ост тимгеда			Sireel Muuress		
City	State	Zip	·City	State	Zip
			+	Juie	
10. SHARES AUTHOR	IZED CXT ROY FOL	ATTACHMENT	11 SHARES ISSUED,	Y'' BOY FOR ATTACHILE	<u>w.</u> □
UTHORIZED SHARES	The second secon		ISSUED SHARES		27.11.11.11
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
	· · · · · · · · · · · · · · · · · · ·				
300 NO PAR VALUE			100	Common	None
		<u></u>			<del></del>
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his report must be si	inen ink nv elin	er ine Presideni, vici	e Presiaeni, Secretary, As.	sistant Secretary, Treas	urer, Keceiver or I
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his report must be significant	<b>         </b>			perjury, I declare and affirm	
8 9	<b>1</b> 8 7 8	<del></del> -	this report, includi	ng any accompanying sche	dules and statements,
8 9	<b>1</b> 8 7 8		this report, includi		dules and statements,
*89878 DBC 03/29/	<b>1</b> 8 7 8		this report, includi	ng any accompanying sche	dules and statements,
11/5.	<b>1</b> 8 7 8		this report, includi	ing any accompanying sche ents contained herein are tr	dules and statements,

Print or Type Name of Officer

President



FOR SECRETARY OF STATE USE ONLY

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

Form 630 12/01

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	CORPORATION ANNUAL REPORT FOR THE YEAR	כחחר
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Filing Period: Janua FORM MUST BE TYPE	ary 1 - March 1 🏓 🛮 F	iling Fee: \$50.00	CPORT FOR THE		<u> </u>		
1. Corporate ID No. *89878*	2. Name of Corpo		to the converse and converse an				
3. Street Address Princip	al Business Office		City	State	Zip		
1944 WARWICK	AVENUE, SUITE 1		WARWICK	RI	02889		
1. Business Phone No.	······	5. State of Incorpo	pration	1	6. SIC Code		
4017328907		RHODE ISL	AND		8888		
. Brief Description of the	ne Character of Business Con SULTING, COMPUTING	ducted in Rhode Island	ITY MANAGEMENT SERVICE	g			
			RATTACHMENT) □ FULL IN SI		TACHMENTS		
President Name		is to be Set if a	Vice President Name				
STUART MARION			MAUREEN MARION		•		
Street Address			Street Address				
1944 WARWICK	AVENUE, SUITE 1		- 1944 WARWICK A	VENUE, SUITE 1			
City	State	Zip	City	State	Zip		
WARWICK	RI	02889	- WARWICK	RI	02889		
ecretary Name		,	Treasurer Name		t t e f t e e e e e e e e e e e e e e e		
STUART MARION			MAUREEN MARION		i in		
Street Address			Street Address		9, 35		
1944 WARWICK	AVENUE, SUITE 1		.1944 WARWICK AV	/ENUE, SUITE 1	<u> </u>		
City	State	Zip	City	State	Zip		
WARWICK	RI	02889	WARWICK	RI	02889		
9: NAMES AND AD Director Name	dresses of the dif	ECTORS ("X" BOX I	OR ATTACHMENT)   FILL IN				
STUART MARION			*				
a			MAUREEN MARION	<u> </u>			
Street Address	· · · · · · · · · · · · · · · · · · ·		Street Address		يو په ۱۲ م . موجوع		
* 41- 140 or * West war warmer, r	AVENUE, SUITE 1		1944 WARWICK A	VENUE, SUITE 1	(n 75)		
City	State	Zip	City	State	Zip (**)		
WARWICK	RI	i 02889	WARWICK	RI	02889		
Director Name			· Director Name				
Street Address		<del></del>	Street Address				
City	State	Zip	.City	State	Zip		
		L.P	•	Dittie	L.P		
10 CHADECAUTU	ODIZED WYDDAY FAR	PATTACINA PATTAC					
AUTHORIZED SHARE	ORIZED ("X" BOX FOR	ALIACHMENI) U.	لله لينهنج للاد التراكيات في القالمة فاستعمانا المستهمينا إ	X" BOX FOR ATTACHMEN	7)		
Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value		
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600 NO PAR VAL	<b>UE</b>		100	СОММОИ	NONE		
his report must be	signed in ink by eith	er the President, Vi	ce President, Secretary, Assi	stant Secretary. Treas	urer. Receiver or Trusto		
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			1				
			Under penalty of pe	rjury, I declare and affirm	that I have examined		
, (				g any accompanying sche			
**80878* 2/24/04	Table of The Paris			ats contained herein are tr			
**89878* 3/31/01	THEE		To the	1			
File Date		_ 1	( ASSEME		4123/113		
A	PR 2 9 200 <b>3</b>		Signature of Officer		Date		
Check No.		_	STUART M	IARION			
Bv	GM 31-75	75-7	Print or Type Name o	=			
$B_{\underline{Y}}$	10	<u> </u>	PRESIDEN				
		1		1 1			

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.

2. Name of Corporation

89878

CAPTURE, INC.

89878 CAPTURE, INC.

3. Street Address Principal Business Office City State Zip

1944 Warwick Avenue, Suite 1 Warwick RI 02989

4. Business Phone No. 5. State of Incorporation 6. SIC Code

401-732-8907 RHODE ISLAND 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 Vice President Name Stuart Marion Maureen Marion Street Address Street Address 1944 Warwick Avenue, Suite 1 1944 Warwick Avenue, Suite 1 State Warwick 02889 Warwick. 02339 Secretary Name Treasurer Name Stuart Marion

Stuart Marion

Maureen Marion

Street Address

1944 Warwick Avenue, Suite 1

City

State

Zip

City

State

Zip

City

State

Zip

State

Zip

Warwick RI 02889 Warwick RI 02889
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

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

Director Name

Stuart Marion

Maureen Marion

Stuart Marion

Street Address

1944 Warwick Avenue, Suite 1

City

State

State

Maureen Marion

Street Address

1944 Warwick Avenue, Suite 1

City

State

City

State

Warwick RI 02889 Warwick RI 02889

Director Name

Street Address

City State Zip City State Zip

City State Zip City State Zip

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

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

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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

ISSUED SHARES

Number of Shares

Class/Series

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



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

Signature of Officer

Date

Stuart Marion

Print or Type Name of Officer

President
Title of Officer

E..... K20 12/01

Par Value

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

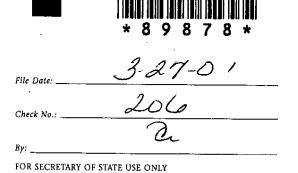
#### 2001 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

1 timg 1 citou. January 1-March 1	•	riling ree:	350.00
(FORM MUST BE TYPED IN BLACK)			

1. Corporate ID No.

1. Corporate ID No. 89878	2. Name of Corpora CAPTURE,	INC.			
3. Street Address Principal Busine	ss Office		City ·	State	Zip
1944 Warwick 4. Business Phone No. 401-732-8907	Avenue, Suite	1 5. State of Incorporati RHODE ISL		RI	02889 <sup>6.</sup> <b>8888</b>
7. Brief Description of the Charac	ter of Business Conducted : nsulting, com	in Rhode Island puting and tota	l quality manageme	ent services.	·
8. NAMES AND ADDRE President Name Stuart Marion	SSES OF THE OFF	ICERS ("X" BOX FOR AT		ES BEFORE USING ATTACH	MENTS
Street Address 1944 Warwick	Avenue, Suite	1.1	Street Address 1944 Warwick	Avenue, Suite 1	
city Warwick	State RI	<sup>2ip</sup> 02889	city Warwick	State RI	zip 02889
Secretury Nume Stuart Marion			Treasurer Name Maureen Mari	.on	, 02003
Street Address 1944 Warwick	Avenue, Suite	1	Street Address	Avenue, Suite 1	
<sup>City</sup> Warwick	State · RI	<sup>Zip</sup> 02889	<sub>City</sub> Warwick	State RI	zip . 02839
9. NAMES AND ADDRE Director Name Stuart Marion	SSES OF THE DIR	ECTORS ("X" BOX FOR A	ATTACHMENT) FILL IN SPA Director Name Maureen Mari	CES BEFORE USING ATTAC	HMENTS
Street Address 1944 Warwick		1	Street Address 1944 Warwick	Avenue, Suite 1	
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02889	Touy Warwick	State RI	zip 02889
Director Name	.' 	•	Director Name		*
Street Address	,		Street Address	•	ż
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	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
600 SHS 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



Under penalty of perjuly, 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 Print or Type Name of Officer



2. Name of Corporation

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

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(FORM	MUST	BE 7	TYPED	IN	BLACK)

1. Corporate ID No.

89878 3. Street Address Principal Busi	CAPTURE,	INC.	City	State	Zip
-	Avenue, Suite		Warwick	RI	02889
4. Business Phone No. 401-732-8907		5. State of Incorporation			6. SIC Code
7. Brief Description of the Char To perform co	racter of Business Conducted in nsulting, compu	RHODE ISLAND Rhode Island Iting and total q	uality management	services.	
8. NAMES AND ADDI President Name Stuart Marion		CERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES Vice President Name Maureen Mari	BEFORE USING ATTAC	CHMENTS
Street Address 1944 Warwick	Avenue, Suite 1		Street Address 1944 Warwick	Avenue, Suite	l
City Warwick	State RI	02889	city <b>Warwick</b>	State RI	zip 02889
Secretary Name Stuart Marion	<i>-</i>	,	Treasurer Name Maureen Mari	on	
Street Address 1944 Warwick	Avenue, Suite 1		Street Address 1944 Warwick	Avenue, Suite	l
City Warwick	State RI	02889	City Warwick	State RI	<sup>Zip</sup> 02889
9. NAMES AND ADDI Director Name Stuart Marion		CTORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPAC Director Name Maureen Mari	es before using att	ACHMENTS
Street Address 1944 Warwick	Avenue, Suite 1		Street Address 1944 Warwick	Avenue, Suite	I
<sup>City</sup> Warwick	State RI	02889	City Warwick	State RI	<sup>Zip</sup> 02889
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHOR	IZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ISSUED SHARES	("X" BOX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400 aug us a			100 Shares	Common	None

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



600 SHS NO PAR VALUE

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

Print or Type Name of Officer

President



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
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FORM M	UST BE	TYPED	IN	BLAC
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1. Corporate ID No.

2. Name of Corporation

CAPTURE, INC. 89878

3. Street Address Principal Business Office

1944 Warwick Avenue, Suite 1

Warwick

State RΙ

4. Business Phone No.

401-732-8907

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

Maureen Marion

Street Address

Street Address

1944 Warwick Avenue, Suite 1 Warwick

02889

City

1944 Warwick Avenue, Suite l

RI

<sup>Zip</sup> 02889

Secretary Name

Stuart Marion

Treasurer Name

Maureen Marion

Warwick

Street Address

1944 Warwick Avenue, Suite 1

Street Address 1944 Warwick Avenue, Suite 1

Warwick

RI

02889

City Warwick State RI

<sup>zip</sup> 02889

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

Director Name

Stuart Marion

Maureen Marion

Street Address

1944 Warwick Avenue, Suite 1

Street Address 1944 Warwick Avenue, Suite 1

Warwick

02889 RI

Warwick

RI

<sup>zi</sup>02889

Director Name Director Name

Street Address

Street Address

City

State

City

City

State

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

Zio

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

**AUTHORIZED SHARES** Number of Shares

Class/Series

Par Value

ISSUED SHARES Number of Shares

Class/Series

Par Value

600 Shares

Common

None

100 Shares

Common

None

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

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 statements contained herein are true and correct.

Stuart Marion

Print or Type Name of Officer President



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 BLAC	CK)				Mariae.
1. Corporate ID No. 89878	2. Name of Corporation CAPTURE, INC	). •			
3. Street Address Principal Business (	Office		City	State	Zip
80 Oakside Avenue		5. State of Incorporation	Warwick	RI .	02886 6. SIC Code
401-732-8907		RHODE ISLAND			6. SIC Cone
7. Brief Description of the Character	of Business Conducted in Rh	ode Island			
			ity management serv	rices.	
8. NAMES AND ADDRESS President Name	ES OF THE OFFICE	RS ("X" BOX FOR ATTACH	IMENT)  Vice President Name		
Stuart Marion	•		Maureen Marion		
Street Address			Street Address		
80 Cakside Avenue			30 Oakside Avenue		
City	State	Zip	City	State	Zip
Warwick	RI	02886	Warwick	. RI	02886
Secretary Name	T.		Treasurer Name	112	02000
Stuart Marion			Maureen Marion		
Street Address			Street Address		
80 Oakside Avenue			80 Oakside Avenue		
City .	State	Zip	City	State	Zip
Warwick	RI	02886	Warwick	RI	02886
9. NAMES AND ADDRESS Director Name	ES OF THE DIRECT	ORS ("X" BOX FOR ATTA	CHMENT) Director Name		王 25g
Stuart Marion			Maureen Marion		黄 码温
Street Address			Street Address		
80 Oakside Avenue			80 Oakside Avenue	•	<u> </u>
City	State	Zip	City	State	TZIP OF
Warwick	RI	02886	Warwick	RI	<b>3</b> 28865 (1) (2)
Director Name			Director Name		里豐
Street Address			Street Address		· E
City	State	Zip .	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR ATTACH)	MENT)	11. SHARES ISSUED ("X" )	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS NO PAR VAL	.UE		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
Ву:	<u>UD</u>
FOR SECRETARY O	E STATE LICE ONLY

Under penalty of perjury, I de	clare and affirm that I have examined
this report, including any acco	ompanying schedules and statements, and
that all statements dontained	herein are true and correct.
	1. 1.
Mary 18	- 51119x
Sien ture of Officer	Date

Common

No Par

Signature of Officer	Date
Stuart Marion	
Print or Type Name of Officer	•

President Title of Officer



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.

4. Business Phone No.

2. Name of Corporation

89878.

CAPTURE, INC

3. Street Address Principal Business Office

80 Oakside Avenue

5. State of Incorporation

Warwick

City

State RI Zio

02886 6. SIC Code

02886

02886

401-732-8907

**RHODE ISLAND** 

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

State

RI

To perform consulting, computing and total quality management services

Zip

02886

02886

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

President Name Stuart Marion

Street Address

Warwick

City

Vice President Name

Maureen Marion

Maureen Marion

Maureen Marion

80 Oakside Avenue

80 Oakside Avenue

Street Address

Street Address

Warwick

Director Name

Street Address

Warwick

Director Name

Street Address

City

80 Oakside Avenue

City

State Zip 02886

02886 Warwick Secretary Name Treasurer Name

Stuart Marion

Street Address

80 Oakside Avenue

80 Oakside Avenue City

State

Warwick

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

Director Name Stuart Marion

Street Address

80 Oakside Avenue

City

Warwick

Director Name

Street Address

City

State

State

Zip

State

State

Zio

Zip

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

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ISSUED SHARES

Number of Shares

Class/Series

600 SHS NO 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



File Date:

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 all statements contained herein are true and correct.

Ne of Officer

Date

Stuart Marion

Print or Type Name of Officer

President