

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

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FORM MUST BE TYPED IN B. 1. Corporale 1D No. 98978	2. Name of Corpor	ation rce Solutions, Inc.			
3. Street Address Principal Busin	ess Office		City	State	Zip
50 VISION BOULEVA	RD		EAST PROVIDENCE	RI	02914-
4. Business Phone No.		5. State of incorporation		•	6. SIC Code
4014316320		RHODE ISLAND			522210
7. Brief Description of the Chara TO PROVIDE TRANSACT			IANTS.		
President Name	SES OF THE OFF	ICERS ("X" BOX FOR ATTA	ICHMENT) FILL IN SPACE Vice President Name	S BEFORE USING AT	TACHMENTS
Elisa S Medeiros			Joseph Santoro		
Street Address			Street Address		
71 Raymond Dr			145 Scenery Lane	_	
City	State	Zip	City	State	Zip
Seekonk	MA	02771	Johnston	RI	02918
Secretary Name			Treasurer Name		
Elisa S Medeiros			Stephen M Lima		
Street Address			Street Address		
71 Raymond Dr			40 Slater St	**	,
City	State	Zip	City	State	Zip
Seekonk	MA	02771	Rehoboth	MA .	02769
9. NAMES AND ADDRESS Director Name	SES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) TFILL IN SPACE Director Name	CES BEFORE USING	ATTACHMENTS
Elisa S Medeiros			Edward G Medeiros		
Street Address		•	Street Address		
71 Raymond Dr			71 Raymond Dr		
City	State	Zip	City	State	Zip
Seekonk	MA	02771	Seekonk	MA	02711
Director Name Stephen M Lima	•	•••••	Director Name Joseph Santoro	•	
Street Address		•	Street Address		
40 Slater St			145 Scenery Lane		
City	State	Zip	City	State	Zip
Rehoboth	MA	02769	Johnston	RI	02918
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED <i>("X" BOX FOR</i>	ATTACHMENT)	11. SHARES ISSUED ("X" BO ISSUED SHARES	OX FOR ATTACHMEN	n 🗆 🔭
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			300	Common	No Par Value
This report must be signe	e d in ink by eith	er the President, Vice Pr	esident, Secretary, Assistan	nt Secretary, Treasi	urer, Receiver or Trustee



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B <u>y:</u>		
FOR SE	CRETARY OF STATE	USE ONLY

Under penalty of	î perjury, I de	eclare and affirm	that I have exar	nined
this report, inclu	ding any acc	companying sche	dules and statem	ients,
and that all state	ments contai	ined herein are tri	ue and correct.	
,		<i>^</i>	/	/

Stephen M Lima
Print or Type Name of Officer

Treasurer Title of Officer

Form 630 12/01



FOR SECRETARY OF STATE USE ONLY

I. Corporate ID No.	LACK)				
98978	2. Name of Corpore East Comme	ation rce Solutions, Inc.			
3. Street Address Principal Busine	ess Office		City	State	Zip
50 Vision Blvd			East Providence	RI	02914
t. Business Phone No. 401-431-6320		5. State of Incorporation Rhode Island		•	6. SIC Code 522210
. Brief Description of the Chara To provide transacti			nants		
8. NAMES AND ADDRESS President Name	SES OF THE OFF	ICERS ("X" BOX FOR ATTA	ACHMENT) FILL IN SPACES	S BEFORE USING AT	TACHMENTS
Elisa S Medeiros			<i>Vice President Name</i> Joseph Santoro		
Street Address			Street Address		•
71 Raymond Dr			145 Scenery Lane		
Tity	State	Zip	City	State	Zip
Seekonk	MA	02771	Johnston	RI	02918
ecretary Name			Treasurer Name		
Elisa S Medeiros			Stephen M Lima		
Street Address			Street Address		•
71 Raymond Dr			40 Slater St		
Lity	State	Zip	City	State	Zip
Seekonk	MA	02771	Rehoboth	MA	02769
9. NAMES AND ADDRESS Director Name	SES OF THE DIRI	ECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPAC Director Name	ES BEFORE USING	ATTACHMENTS
Elisa S Medeiros			Edward G Medeiros		
Street Address			Street Address		
71 Raymond Dr			71 Raymond Dr		
Tity:	State	Zip	City	State	Zip
Seekonk	MA	02771	Seekonk	MA	02771
Director Name Stephen M Lima			Director Name Joseph Santoro		
Street Address			Street Address		
40 Slater St			145 Scenery Lane		7 :
City	State	Zip	City	State	<i>Zip</i> 02918
Rehoboth	MA	02771	Johnston	RI	
10. SHARES AUTHORIZE	ED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("X" BO	OX FOR ATTACHMEN	カ ロ
AUTHORIZED SHARES Number of Shares	Class Scries	Par Value	ISSUED SHARES Number of Shares	Class Series	Par Value
vummer by Shares	Class Series	1 th Torne	ramoer of onares	C HIS OUT FOR	
8,000 No Par Value			100	Common	No Par Value
This report must he s igne	ed in ink by eithe	er the President, Vice Pre	esident, Secretary, Assistan	t Secretary, Treas	urer, Receiver or Trust
This report must be s igne	e d in ink by eithe	er the President, Vice Pre	esident, Secretary, Assistan	t Secretary, Treas	urer, Receiver or Trust
This report must be signe	ed in ink by eithe	er the President, Vice Pri	esident, Secretary, Assistan	t Secretary, Treas	urer, Receiver or Trust
This report must he signe	ed in ink by eithe	er the President, Vice Pre	esident, Secretary, Assistan Under penalty of perjury		
This report must be signe	ed in ink by eithe	er the President, Vice Pro		 I declare and affirm accompanying sched 	that I have examined dules and statements.
This report must be signe 9 8 9 File Date 4 9 6	7 8	er the President, Vice Pr	Under penalty of perjury this report, including any	 I declare and affirm accompanying sched 	that I have examined dules and statements.
- (1/9/5i	7 8	er the President, Vice Pr	Under penalty of perjury this report, including any	t. I declare and affirm accompanying scheontained herein are tr Market	that I have examined dules and statements.

Treasurer

Title of Officer

- Fотm - 630 12/01



Check No.

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

Office of the Se	cretary of State				407.222.5040
PROFIT CORPO Filing Period: January 1 -	RATION A	NNUAL REPOI	RT FOR THE YE.	AR 2003	
FORM MUST BE TYPED IN BI 1. Corporate ID No.	LACK) 2. Name of Corpora	•			
98978 3. Street Address Principal Busine		ree Solutions, inc.	City	State	Zip
50 VISION BOULEVAR 4. Business Phone No.	sp	5. State of Incorporation	EAST PROVIDENCE	RI	02914 - 6. SIC Code
4014316320		RHODE ISLAND			0
7. Brief Description of the Character TO PROVIDE TRANSACTI	cter of Business Cond ON PROCESSING	hicled in Rhode Island B SERVICES FOR MERCE	ants.		
8. NAMES AND ADDRESS President Name Elisa S. Medeiros Street Address	ES OF THE OFF	ICERS ("X" BOX FOR ATTA	CHMENT) TILL IN SPACE Vice President Name Elisa S. Medeiros Street Address	S BEFORE USING AT	TACHMENTS
71 Raymond Drive			71 Raymond Drive		
City	S:ate	Z‡r	City	State	Zip
Seekonk	MA	02771	Seekonk	MA	02771
Secretary Name			Treasurer Name Elisa S. Medeiros		
Elisa S. Medeiros			Street Address		
Street Address 71 Raymond Drive			71 Raymond Drive		
City	State	Zip	City	State	Zip
Seekonk	AM	02771	Seekonk	MA	02771
9. NAMES AND ADDRESS Director Name	SES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE Director Name	CES BEFORE USING	ATTACHMENTS
Elisa S. Medeiros			***		
Street Address 71 Raymond Drive	·		Street Address		
City	State	Zip	City	State	Zip
Seekonk	MA	02771			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED ("X" BOX FOR	ATTACHMENT) 🗌	11. SHARES ISSUED ("X" B	OX FOR ATTACHMEN	V7) 🗆
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE					
This report must be signe	e d in ink by eithd	er the President, Vice Pr	esident, Secretary, Assistar	nt Secretary, Treas	urer, Receiver or Trustee
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* 9 8	9 7 8 +		Under penalty of perjur this report, including an	y, I declare and affirm y accompanying sche	that I have examined dules and statements,
**98978* 3/14/0310:30	:06 AM*		and that all statements of	ontained herein are tr	ue and correct.
File Date 3 8	<u> </u>	_	Char I	Mederio	3/1/03
1 1114	/1		Signature of Officer		Date



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.

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 98978 East Commerce Solutions, Inc. 3. Street Address Principal Business Office East Providence RI 50 Vision Boulevard 5. State of Incorporation 4. Business Phone No. **RHODE ISLAND** 401-431-6320 7. Brief Description of the Character of Business Conducted in Rhode Island Transaction Processing - credit cards 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Elish S. Medeiros Raymond Druc 71 Raymond Drive 0277/ JEEKONK Secretary Name Elisa S. Medeiros Elisas. medeiros Street Address 71 Raymond Dr 71 Raymond Dr FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Elisa S. Medeiros. Street Address Street Address Raymond Dr. City Director Name Director Name Street Address Street Address Zip City Zip City State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Class/Series Par Value Number of Shares Class/Series Par Value Number of Shares 8,000 NO PAR VALUE nnne MONE

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



File Date:	3.7.02	
Check No.:	10327	
Ву:	a.	
	Y 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.

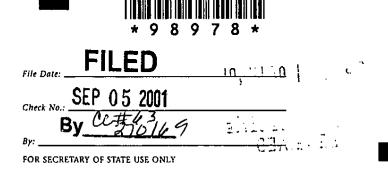
Title of Officer

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 BL	ACK)		gan the Against the		
1. Corporate ID No.	2. Name of Corporation	,	B.A. East Comm EAST PROVIDE	· · · · · · · · · · · · · · · · · · ·	
98978	CARDSERVIC	E EAST, INC. p_{ij}	B. A. EOSE COMM	nente Joinna	
3. Street Address Principal Busines	s Office		City	State P1	2ip 0.2614
4. Business Phone No.	د ۸۵ ک ^۲ ۷ که د	5. State of Incorporation	CAST IROUISE	oca. /\/_	6. SIC Code
401-431-	6320	RHODE ISLANI			0
7. Brief Description of the Charact					
/RANSACTIO	on Moces	SING - CRED	IT CARDS		
8. NAMES AND ADDRES	SSES OF THE OFFICE	ER\$ ("X" BOX FOR ATTACH		EFORE USING ATTA	CHMENTS
President Name	1/0		Vice President Name	m L	
ELISA S	. MEDELR	205	ELISA S.	Medelros	
Street Address 71 RAYMO	ond DR		Street Address 71 Rays City Skekonk	nord Dr	
City	State	Zip	City	State	Zip
SEEKONE	State HA	02771	Seekonk	MA	02771
Secretary Name	hd a		Treasurer Name		
Thisa J.	MEDEIROS		Elisa S. 1	Nedeiros	
City C Raymo	ad Dr		7/ Raym	end Do	
City	State	Zip	City 71 Raym	State	Zip
dekovic	State MA	Zip 02771	Seekonk	MA	02771
9. NAMES AND ADDRE		TORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES	S BEFORE USING ATT	ACHMENTS
Director Name			Director Name		
ELISA S.	MEDEIROS				
Street Address RAYMO	$\lambda = \lambda e$		Street Address		•
Ch.		7in	City	State	Zip
SEEKONK	State MA	Zip 02771	 ,	5.4.0	
Director Name			Director Name		•
Street Address			Street Address		
<u>.</u> •	_		_	_	
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED (*)	X" BOX FOR ATTACHMEN	(T)
AUTI KORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR V	ALUE		none		
This report must be sig	ned in ink by eithe	r the President, Vice I	President, Secretary, Assis	stant Secretary, Treas	surer, Receiver or Trus
		_			



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 Print or Type Name of Title of Officer



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 98978 CARDSERVICE EAST, INC. 3. Street Address Principal Business Office City ^{Zip} 02888 State 43 Jefferson Boulevard Warwick RI 4. Rusiness Phone No. 5. State of Incorporation 6. SIC Code (401) 784-6300 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island Sales of Credit Card Equipment 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Elisa S. Medeiros Street Address Street Address 43 Jefferson Boulevard City City State Zip 02888 Warwick RI Secretary Name Elisa S. Medeiros Elisa S. Medeiros Street Address Street Address 43 Jefferson Boulevard 43 Jefferson Boulevard City State City ^{Zip} 02888 State 02888 Warwick RI Warwick RΙ 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Elisa S. Medeiros Street Address Street Address 43 Jefferson Boulevard City State Clty Zip 02888 RT Warwick Director Name Director Name Street Address Street Address City State ZIpCity State Zip 10. SHARES AUTHORIZED (*X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 8,000 NO PAR VALUE

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

100



File Date: Check No .:

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.

Common

No Par

Elisa S. Medeiros

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 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLI 151 READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate 1D No. 2. Name of Corporation 98978 CARDSERVICE EAST, INC. 3. Street Address Principal Business Office Zip 02888 RI 43 Jefferson Boulevard Warwick 4. Business Phone No. 6. SIC Code 5. State of Incorporation RHODE ISLAND (401) 784-6300 7. Brief Description of the Character of Business Conducted in Rhode Island Sales of credit card equipment 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Elisa S. Medeiros Street Address Street Address 43 Jefferson Boulevard City Zip City Zip RI 02888 Warwick Secretary Name Elisa S. Medeiros Elisa S. Medeiros Street Address Street Address 43 Jefferson Boulevard 43 Jefferson Boulevard City State City State Zip 02888 RI 02888 Warwick RI Warwick 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Elisa S. Medeiros Street Address Street Address 43 Jefferson Boulevard City RI 02888 Warwick Director Name Director Name Street Address Street Address City Zio State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT), 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 8,000 NO PAR VALUE 100 No par Common

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

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File Date:	leh 18,99
Check No.:	1730,
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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

Bate

Elisa S. Medeiros

Print or Type Name of Officer

President

Title of Officer