



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. 98978 2. Name of Corporation East Commerce Solutions, Inc.
3. Street Address Principal Business Office 50 VISION BOULEVARD City EAST PROVIDENCE State RI Zip 02914-
4. Business Phone No. 4014316320 5. State of Incorporation RHODE ISLAND 6. SIC Code 522210
7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE TRANSACTION PROCESSING SERVICES FOR MERCHANTS.

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

Director Name			Director Name		
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			Director Name		
Stephen M Lima			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 AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

Number of Shares	Class/Series	Par Value
8,000	NO PAR VALUE	

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

Number of Shares	Class/Series	Par Value
300	Common	No Par Value

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



9 8 9 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.

Stephen M Lima 3/1/05
Signature of Officer Date

Stephen M Lima
Print or Type Name of Officer

Treasurer

Title of Officer

98978 DECEMBER 31 2005 01:02:32 PM

File Date MAR 11 2005

Check No.

By: AS

FOR SECRETARY OF STATE USE ONLY

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 IN BLACK)

1. Corporate ID No. 98978 2. Name of Corporation East Commerce Solutions, Inc.
3. Street Address Principal Business Office 50 Vision Blvd City East Providence State RI Zip 02914
4. Business Phone No. 401-431-6320 5. State of Incorporation Rhode Island 6. SIC Code 522210
7. Brief Description of the Character of Business Conducted in Rhode Island
To provide transaction processing services for merchants

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

President Name Elisa S Medeiros Street Address 71 Raymond Dr City Seekonk State MA Zip 02771	Vice President Name Joseph Santoro Street Address 145 Scenery Lane City Johnston State RI Zip 02918
Secretary Name Elisa S Medeiros Street Address 71 Raymond Dr City Seekonk State MA Zip 02771	Treasurer Name Stephen M Lima Street Address 40 Slater St City Rehoboth State MA Zip 02769

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

Director Name Elisa S Medeiros Street Address 71 Raymond Dr City Seekonk State MA Zip 02771	Director Name Edward G Medeiros Street Address 71 Raymond Dr City Seekonk State MA Zip 02771
Director Name Stephen M Lima Street Address 40 Slater St City Rehoboth State MA Zip 02771	Director Name Joseph Santoro Street Address 145 Scenery Lane City Johnston State RI Zip 02918

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

Number of Shares	Class Series	Par Value
8,000	No Par Value	

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

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



File Date 4/9/04
Check No. 5794
By: 18
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 Stephen M Lima Date 4/7/04
Print or Type Name of Officer
Stephen M Lima
Treasurer
Title of Officer



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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *98978* 2. Name of Corporation East Commerce Solutions, Inc.
3. Street Address Principal Business Office 50 VISION BOULEVARD City EAST PROVIDENCE State RI Zip 02914-
4. Business Phone No. 4014316320 5. State of Incorporation RHODE ISLAND 6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE TRANSACTION PROCESSING SERVICES FOR MERCHANTS.

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

President Name Elisa S. Medeiros Vice President Name Elisa S. Medeiros
Street Address 71 Raymond Drive Street Address 71 Raymond Drive
City Seekonk State MA Zip 02771 City Seekonk State MA Zip 02771
Secretary Name Elisa S. Medeiros Treasurer Name Elisa S. Medeiros
Street Address 71 Raymond Drive Street Address 71 Raymond Drive
City Seekonk State MA Zip 02771 City Seekonk State MA Zip 02771

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

Director Name Elisa S. Medeiros Director Name
Street Address 71 Raymond Drive Street Address
City Seekonk State MA Zip 02771 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

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



* 9 8 9 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 Elisa S. Medeiros Date 3/1/03
Print or Type Name of Officer Elisa S. Medeiros
Title of Officer President

**98978* 3/14/03 10:30:06 AM*

File Date 3-18-03

Check No. 11134

By: ICP

FOR SECRETARY OF STATE USE ONLY

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.

98978

2. Name of Corporation

East Commerce Solutions, Inc.

3. Street Address Principal Business Office

50 Vision Boulevard

City

East Providence

State

RI

Zip

02914

4. Business Phone No.

401-431-6320

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0

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**

President Name

Elisa S. Medeiros

Vice President Name

Elisa S. Medeiros

Street Address

71 Raymond Drive

Street Address

71 Raymond Drive

City

Seekonk

State

MA

Zip

02771

City

Seekonk

State

MA

Zip

02771

Secretary Name

Elisa S. Medeiros

Treasurer Name

Elisa S. Medeiros

Street Address

71 Raymond Dr

Street Address

71 Raymond Dr

City

Seekonk

State

MA

Zip

02771

City

Seekonk

State

MA

Zip

02771

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

Director Name

Elisa S. Medeiros

Director Name

Street Address

71 Raymond Dr

Street Address

City

Seekonk

State

MA

Zip

02771

City

State

Zip

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

8,000 NO PAR VALUE

none

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

none

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



* 9 8 9 7 8 *

File Date:

3-7-02

Check No.:

10327

By:

Elisa S. Medeiros

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.

Elisa S. Medeiros

2/27/02

Signature of Officer

Date

Elisa S. Medeiros

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. **98978** 2. Name of Corporation **CARDSERVICE EAST, INC. D.B.A. East Commerce Solutions**
3. Street Address Principal Business Office **50 VISION BLVD.** City **EAST PROVIDENCE** State **RI** Zip **02914**
4. Business Phone No. **401-431-6320** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

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**

President Name ELISA S. MEDEIROS Street Address 71 RAYMOND DR City SEEKONK State MA Zip 02771	Vice President Name ELISA S. Medeiros Street Address 71 Raymond Dr City Seekonk State MA Zip 02771
Secretary Name ELISA S. MEDEIROS Street Address 71 Raymond Dr City Seekonk State MA Zip 02771	Treasurer Name ELISA S. Medeiros Street Address 71 Raymond Dr City Seekonk State MA Zip 02771

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

Director Name ELISA S. MEDEIROS Street Address 71 RAYMOND DR City SEEKONK State MA Zip 02771	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
None

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



* 9 8 9 7 8 *

FILED

File Date: **SEP 05 2001**

Check No.: **CC#43**

By: **200169**

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 **Elisa S. Medeiros** Date **5/18/01**

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
401-222-3040



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.

98978

2. Name of Corporation

CARDSERVICE EAST, INC.

3. Street Address Principal Business Office

43 Jefferson Boulevard

City

Warwick

State

RI

Zip

02888

4. Business Phone No.

(401) 784-6300

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

Elisa S. Medeiros

Vice President Name

Street Address

43 Jefferson Boulevard

Street Address

City

Warwick

State

RI

Zip

02888

City

State

Zip

Secretary Name

Elisa S. Medeiros

Treasurer Name

Elisa S. Medeiros

Street Address

43 Jefferson Boulevard

Street Address

43 Jefferson Boulevard

City

Warwick

State

RI

Zip

02888

City

State

Zip

02888

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

Director Name

Elisa S. Medeiros

Director Name

Street Address

43 Jefferson Boulevard

Street Address

City

Warwick

State

RI

Zip

02888

City

State

Zip

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

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

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



* 9 8 9 7 8 *

File Date: 3-15-00

Check No.: 7742

By: RD

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.

Elisa S. Medeiros 1-24-00
Signature of Officer Date

Elisa S. Medeiros

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
401-222-3040



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. **98978** 2. Name of Corporation **CARDSERVICE EAST, INC.**

3. Street Address Principal Business Office **43 Jefferson Boulevard** City **Warwick** State **RI** Zip **02888**

4. Business Phone No. **(401) 784-6300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

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 Elisa S. Medeiros Street Address 43 Jefferson Boulevard City Warwick State RI Zip 02888 Secretary Name Elisa S. Medeiros Street Address 43 Jefferson Boulevard City Warwick State RI Zip 02888	Vice President Name Street Address City State Zip Treasurer Name Elisa S. Medeiros Street Address 43 Jefferson Boulevard City Warwick State RI Zip 02888
--	--

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

Director Name Elisa S. Medeiros Street Address 43 Jefferson Boulevard City Warwick State RI Zip 02888	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

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



File Date: Feb 18, 99

Check No.: 1732

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.

Elisa S. Medeiros 2/11/99
Signature of Officer Date

Elisa S. Medeiros

Print or Type Name of Officer
President

Title of Officer