

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 • F	iling Fee: \$50.00				
FORM MUST BE TYPED IN B						
I. Corporate ID No.	2. Name of Corpo					
120184	AdvEnSoft, I	Inc.			·	
3. Street Address Principal Busin			City	'State	Zip	
1360 HIGH HAWK ROAD		EAST GREENWICH	RI	02818-		
4. Business Phone No.		5. State of Incorporation	on .		6. SIC Code	
4018855064 DELAWARE				7286		
7. Brief Description of the Chara CONSULTING PRINCIPAL			MENT			
8. NAMES AND ADDRESS President Name	FS OF THE OFF	ICERS ("X" BOX FOR AT	TACHMENT) FILL IN SPAC	ES BEPORE USING A	TTACHMENTS	
Dr. Prithwish Basu			Dr. Amitava Datta			
Street Address			Street Address	 		
227 Angell Street			1360 High Hawk Ro	oad		
City	State	Zip	City	State	Zip	
Providence Secretary Name	RI	02906	East Greenwich	RI	02818-1361	
Susan L. Datta			Dr. Amitava Datta	ı		
Street Address			· Street Address			
1360 High hawk Roa	d		.1360 High Hawk Ro	ad	i I	
City	State	7.ip	*City	State	Zip	
East Greenwich	RI	02818-1361	.East Greenwich	RI	02818-1361	
9. NAMES AND ADDRESS Director Name	EȘ OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPA	CES BEFORE USING	ATTACHMENTS	
Susan L. Datta			Dr. Amitava Datta			
Street Address			Street Address			
1360 High hawk Roa	d		1360 High Hawk Road			
Ciry	State	Zip	•City	State	Zip	
East Greenwich	RI	02818-1361	East Greenwich	RI	02818-1361	
Director Name			Director Name			
Dr. Prithwish Basu	1		:			
Sircei Address 227 Angell Street		-	·Street Address			
City	State	Zip	.Ciry	State	7.ip	
Providence	RI	02906	•	i		
10. SHARES AUTHORIZE	D ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMEN	w □ 	
AUTHORIZED SHARES	······································		ISSUED SHARES			
Number of Shares	Class/Scries	Par Value	Number of Shares	Class/Series	Par Value	
1,500 COMM \$.01 PAR	VALUE		100	common	\$.01	
i						
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This report must be signe	d in ink by eithe	er the President, Vice F	resident, Secretary, Assista	nt Secretary, Treas	urer, Receiver or Trustee	
8) (18)8 (19)(84)8	11 86 1 (8(1) 9 18					
	I TERRIT FORM		11 1		-1 - 1 1	
1 2 0	1 0 7		Under penalty of perjur			
·			this report, including an and that all statements of			
120184 FBC 01/01/05	10:09:13 AM		A Statements		o and correct.	
File Date 1405			Lugar L Datta 1/3/2005			
			Signature of Officer Date			
Check No. 17			Susand L DATTH			
			Print or Type Name of 130	Print or Type Name of Officer		
B <u>y:</u> .			I	****		
FOR SECRETARY OF STATE	USE ONLY		Sicreting-	<u>_</u>	Form 630 12/01	
			9 0,000		roin 630 12/01	



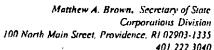
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 3004 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRI	NTED IN BLACK)					
1. Corporate ID No.	2 Name of Corporat				_	
120184 3 Street Address Principal Busine	Flaver	Soft, Inc.	Cir			
	Hawk Koaa	/	East Greenwich	h AT	02818-130	111
4 Business Phone No.	TIMECOTO TIONA	5 State of Incorporation		// /1 <u>/</u>	h SIC Code	VI
401-885-	5064	Delau	are		7286	
7 Prief Description of the Charac	ter of Business Conducted in					
Consulting prin	cipally related	i to software	development			
President Name	22 ON THE OFFI	CERS ("X" BOX FOR ATTA	ICHMENT) * FILL IN SPACES BE Vice President Name	FORE USING ATTAC	HMENTS	
Prithwish .	Basic		Amitava Datta			
Street Adding.	•		Street Address	()		
Wil Hinge	11 Street		1360 High Hawk	Food		
Providence	\mathcal{R}_{I}	02906	E Caracitish	State	02818	
Secretary Name	7) 1	00100	C. GYRRNW(Cr) Ticasurer Name	FIL	02818	
Susan L. J	Datta		Amitava Datt	Ĺ		
Street Address 11:01 H	a W Day		Street Address	L D.		
1360 High H	awk Koad	Zip	1360 High Haw	State 0 -	3 .1-	
E. Greenwich	RI	02818	E Greenwich	"" RI	202818	
9. NAMES AND ADDRE	SSES OF THE DIRE	CTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES I	BEFORE USING ATTA	CHMENTS	
Director Name	14-		Director Name			
Street Address	ta		Street Address			
13100 High Ha	wk Road		Street Maints		33	
City()	State Di	Zip a O O	City	State	CZip	
E. Greenwich	f(I	02818				
Director Name			Director Name		0	
Street Address			Street Address		€ * 	1.4
					= -:	
City	State	Zip	City	State	Zip	•
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHMENT)	ı	
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Senes	Par Value	
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P1					• •	
inis report must be sig	ned in ink by eith	er the President, Vice	President, Secretary, Assista	nt Secretary, Treasu	rer, Receiver or Ti	rus

	Under penalty of perjury, I declare and affirm that I have examined	
	this report, including any accompanying schedules and statements, ar	ıd
FILED	that all statements contained herein are true and correct.	Ο.
Theck NoMAR 2 3 2004	Signature of Officer Date	<u>-</u>
By M 26806 GM	Print or Type Name of Officer	-
OR SECRETARY OF STATE USE ONLY	The of Open Form 630 12:02	_



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

File Date

Check No.

MAR 23 2004

FOR SECRETARY OF STATE USE ONLY

1026806 GM

Office of the Se	cretary of State			•	407.222.3040
PRÖFIT CORPO	RATION AN	NIIAL REPOI	RT FOR THE VI	EAR 2003	
Filing Period: January 1 -	March I • Filing	Fee: \$50.00		3/11/4	_
(FORM MUST BE TYPED IN BL					
1. Corporate ID No.	2. Name of Corporation				
120184	AdvEnSoft, Inc.				
3. Street Address Principal Busine	••		City	Sinte	Zip
1360 HIGH HAWK ROA	(D)	14.5	EAST GREENWICH	RI	02818-1361
4. Business Phone No. 401-885-5064		5. State of Incorporation DELAWARE			6 SIC Code 7286
		<u> </u>		= 	/286
7. Brief Description of the Churce CONSULTING PRINCIPAL			NT		
8. NAMES AND ADDRESS	ES OF THE OFFICE	RS ("X" BOX FOR ATTA	CHMENT) [] FILL IN SPAC	ES BEFORE USING ATTAC	HMENTS
President Name			Vice President Name	ш,	
Yrithwish 19a	3U		· fln , fava DW Sireci Address	<u>la</u>	
227 Angell.	Street		: 1360 High	Hawk Rod	
City	Siarc	Zip 100/	City	Siule	Zip 12/8
Frozidence	j., <u>N.</u>	100700	Treasurer Nume	M.L	10000
Secretary Name	affe		· Ano · tour	10-141	
Street Address	acca_		· Street Address	NLCa	
13/20 High H	awk Koad		*	lawk Road	
1000 110 11 10 Cily		Zip C. C	*City	State	Zip
E. Greenwich	IRI	102818	: E. Grenwich	PL.	02818
9. NAMES AND ADDRESS	ES OF THE DIRECT	/	TACHMENT) 🛘 FILL IN SPA	CES BEFORE USING ATT	CHMENTS
Director Name	×		, Director Nume	• •	
Susan L.	Latta		•		· ·
Street Address	0		Street Address		1
1360 High Ha	WK FOOL		• •		<u>. </u>
City	State 0-	Zip 2618	·City	State	Zip
.E.Greenwich.	1. <i>194.</i>	0000		l <i></i>	1 ==
Director Name			* Director Name		量
Street Address		·	•	·	
Sireci Adaress			·Street Address		
City	State	Zip	· ·City	State	Zip==
		,	•		0 :
10. SHARES AUTHORIZE) ("X" BOX FOR ATTA	CHMENT) [II. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	
AUTHORIZED SHARES			ISSUED SHARES	,, -	1 7
Number of Shures	Cluss/Series	Pai Value	Number of Shares	Cluss/Scries	Par Idlue
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1,500 COMM \$0.01 PAR	VALUE	•	120	Common	3.01
				1	<u> </u>
This report must be signed	in ink by either the	e President, Vice Pres	sident, Secretary, Assista	nt Secretary, Treasurer,	Receiver or Trustee
	•				
81 11918 11811 9 6191	HIBBE (B)) EIB				
1 2 0	1 8 4		Under penalty of perjur	y, I declare and affirm that I	have examined
			this report, including an	y accompanying schedules	and statements,
	=D		and that all statements of	ontained herein are true and	d correct.
FILE	ニリ		R. V	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2/12/2

Signature of Officer

Am; tava Datta

Print or Type Name of Officer

Vice - President

Tule of Officer

Form 630 12/01

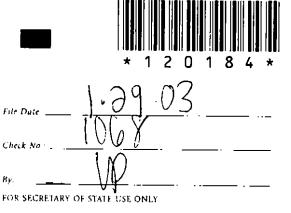
Corporations Division 100 North Main Street, Providence, RI 02903-1335



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401-22	2 3040
ST	OP \
PLEASE INSTRUC	READ

FORM MUST BE TYPED IN	BLACK)				
1. Corporate ID No.	2. Name of Corpor				
120184	AdvEnSoft	, Inc.			
3. Street Address Principal Busi. 1240 HIGH HFIO	1		eng EAST GREEN WICH	State 10 7	zip 0.2818 - 1341
4. Business Phone No.	UK MUMB	5 State of Incorporation	EMDI GREEN WICH	<i>*</i> ~1	-
401-885-506	4	DELAWARE			6. \$10. Code 1286:
7. Brief Description of the Char	scter of Business Conducted	in Rhode Island			1200
Consulting p	rincipally	related to 50+1	ware developme	n F	
8. NAMES AND ADDR	esses of the $ heta$ ff	TICERS ("X" BOX FOR ATTACE	Wate developme	FORE USING ATTACHA	MENTS
President Name			Vice President Name		
Prithwish (Jasil		Amitava Dati	a	
Street Address	Black		Street Address	., .)	
227 Angell	JIVEEL	7 in	1260 High Had	uk Moad	
Providence	State R1	02906	1360 High Hau East Greenwich	R /	02818-1261
Secretary Name	, ,	05.70			Ç 2.13 J
Sugar L D	atta		Amitava Date	<u> </u>	
			Street Address	1	
1340 High t East Greenwill	tawk Koad.		1300 High How	Kroad	
City	State	zip 1).2818-1361	City	State ,	Zip
		(12818-1261	East Green wie	ch 171	0.2818-1361
9. NAMES AND ADDR Director Name	ESSES OF THE DIR	ECTORS ("X" BOX FOR ATTA		BEFORE USING ATTACE	HMENTS
Street Address	or tity		Director Name		
Street Address	accae		Street Address		
1360 High Ha	uk Koad				
1360 High Has cay East Evernwich	State	Zip	Сиу	State	71p
East Greenwich	7 1/5/	03818-1361			
Director Name			Director Name		
Street Address			Street Address		
			Mett Mainell		
City	State	Zip	City	State	Zip
IO CHARPE ATTRIORIS					
10. SHARES AUTHORIZ AUTHORIZM SHARES	LD ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X") ISSUED SHARES	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,500 COMM \$.01 PAR	VALUE			,,	
			/de)	Common	P . 01
his report must be sig	ned in ink by eith	ier the President. Vice P	resident. Secretary: Assista	nt Secretary Treasurer	· Docaiver or Terre



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.

.,	inc and correct.
<i>y</i>	/ /
Susan Ditta	1/23/2063
Agnature of Officer	Date ===
SUSAN L. DATTA	
Print or Type Name of Officer	

Title of Officer