



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

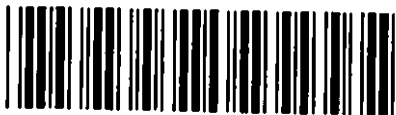
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 117288		2. Name of Corporation HUNTER CONSULTING, INC.		
3. Street Address Principal Business Office 18 WOMANTAM LANE		City CUMBERLAND	State RI	Zip 02864
4. Business Phone No. (401) 334-0311		5. State of Incorporation RHODE ISLAND		6. SIC Code 7286
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE COMPUTER SYSTEMS CONSULTING TO BUSINESSES.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name DAVID A. HUNTER		Vice President Name KATHLEEN M. HUNTER		
Street Address 18 WOMANTAM LANE		Street Address 18 WOMANTAM LANE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI
Secretary Name KATHLEEN M. HUNTER		Treasurer Name DAVID A. HUNTER		
Street Address 18 WOMANTAM LANE		Street Address 18 WOMANTAM LANE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name DAVID A. HUNTER		Director Name KATHLEEN M. HUNTER		
Street Address 18 WOMANTAM LANE		Street Address 18 WOMANTAM LANE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI
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
1,000 NO PAR VALUE			NONE	

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



File Date	2.22.05
Check No.	6000
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: David A. Hunter Date: 2/19/05
Print or Type Name of Officer: DAVID A. HUNTER
Title of Officer: PRESIDENT



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Matthew A. Brown, Secretary of State

100 North Main Street
Providence, RI 02903-1335
401.222.3040

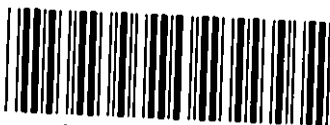
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

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3. Street Address Principal Business Office 18 WOMANTAM LANE		City CUMBERLAND	State RI
4. Business Phone No. (401) 334-0311		5. State of Incorporation RHODE ISLAND	
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE COMPUTER SYSTEMS CONSULTING TO BUSINESSES.		6. SIC Code	
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name DAVID A. HUNTER		Vice President Name KATHLEEN M. HUNTER	
Street Address 18 WOMANTAM LANE		Street Address 18 WOMANTAM LANE	
City CUMBERLAND	State RI	City CUMBERLAND	State RI
Zip 02864		Zip 02864	
Secretary Name KATHLEEN M. HUNTER		Treasurer Name DAVID A. HUNTER	
Street Address 18 WOMANTAM LANE		Street Address 18 WOMANTAM LANE	
City CUMBERLAND	State RI	City CUMBERLAND	State RI
Zip 02864		Zip 02864	
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name DAVID A. HUNTER		Director Name KATHLEEN M. HUNTER	
Street Address 18 WOMANTAM LANE		Street Address 18 WOMANTAM LANE	
City CUMBERLAND	State RI	City CUMBERLAND	State RI
Zip 02864		Zip 02864	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
1,000 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



* 1 1 7 2 8 8 *

Date **5.05.04**
Check No. **523**
11P
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 **David A. Hunter** Date **2/27/04**
Print or Type Name of Officer **DAVID A. HUNTER**
Title of Officer **PRESIDENT**



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 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED OR PRINTED IN BLACK

1. Corporate ID No. **117288**
2. Name of Corporation **HUNTER CONSULTING, INC.**
3. Street Address Principal Business Office
18 WOMANTAM LANE
4. Business Phone No. **(401) 334-0311**
5. State of Incorporation **RHODE ISLAND**

City **CUMBERLAND** State **RI** Zip **02861**
6. SIC Code **7286**

7. Brief Description of the Character of Business Conducted in Rhode Island
BUSINESS COMPUTER CONSULTING AND MANAGEMENT

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

President Name **DAVID A. HUNTER**
Street Address
18 WOMANTAM LANE
City **CUMBERLAND** State **RI** Zip **02861**

Vice President Name **KATHLEEN M. HUNTER**
Street Address
18 WOMANTAM LANE
City **CUMBERLAND** State **RI** Zip **02861**

Secretary Name **KATHLEEN M. HUNTER**
Street Address
18 WOMANTAM LANE
City **CUMBERLAND** State **RI** Zip **02861**

Treasurer Name **DAVID A. HUNTER**
Street Address
18 WOMANTAM LANE
City **CUMBERLAND** State **RI** Zip **02861**

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

Director Name **DAVID A. HUNTER**
Street Address
18 WOMANTAM LANE
City **CUMBERLAND** State **RI** Zip **02861**

Director Name **KATHLEEN M. HUNTER**
Street Address
18 WOMANTAM LANE
City **CUMBERLAND** State **RI** Zip **02861**

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

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value

1,000

NO PAR VALUE

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



* 1 1 7 2 8 8 *

File Date: **2/12/03**

Check No.: **416**

By: **M**

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 **David A. Hunter** Date **2/9/03**

Print or Type Name of Officer **DAVID A. HUNTER**

Title of Officer **PRESIDENT**



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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.

2. Name of Corporation

117288

HUNTER CONSULTING, INC.

3. Street Address Principal Business Office

18 WOMANTAM LANE

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

City

State

Zip

CUMBERLAND RI

02864

6. SIC Code

7286

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

COMPUTER CONSULTING and manasement

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

President Name

DAVID A. HUNTER

Vice President Name

KATHLEEN M. HUNTER

Street Address

Street Address

18 WOMANTAM LANE

18 WOMANTAM LANE

City

State

Zip

CUMBERLAND RI 02864

City

State

Zip

CUMBERLAND RI 02864

Secretary Name

KATHLEEN M. HUNTER

Treasurer Name

DAVID A. HUNTER

Street Address

Street Address

18 WOMANTAM LANE

18 WOMANTAM LANE

City

State

Zip

CUMBERLAND RI 02864

City

State

Zip

CUMBERLAND RI 02864

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

Director Name

DAVID A. HUNTER

Director Name

KATHLEEN M. HUNTER

Street Address

Street Address

18 WOMANTAM LANE

18 WOMANTAM LANE

City

State

Zip

CUMBERLAND RI 02864

City

State

Zip

CUMBERLAND RI 02864

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

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

NO PAR VALUE

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



* 1 1 7 2 8 8 *

File Date: 1-3-02

Check No: 328

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] 1/1/02
Signature of Officer Date

DAVID A. HUNTER
Print or Type Name of Officer

PRESIDENT
Title of Officer