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.	2. Name of Corporation
117288	HUNTER CONSULTING, INC.

3. Street Address Principal Business Office	City	State	Zip
18 WOMANTAM LANE	CUMBERLAND	RI	02864

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(401) 334-0311	RHODE ISLAND	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	Vice President Name
DAVID A. HUNTER	KATHLEEN M. HUNTER
Street Address: 18 WOMANTAM LANE	Street Address: 18 WOMANTAM LANE
City: CUMBERLAND State: RI Zip: 02864	City: CUMBERLAND State: RI Zip: 02864
Secretary Name	**Treasurer Name**
KATHLEEN M. HUNTER	DAVID A. HUNTER
Street Address: 18 WOMANTAM LANE	Street Address: 18 WOMANTAM LANE
City: CUMBERLAND State: RI Zip: 02864	City: CUMBERLAND State: RI Zip: 02864

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

Director Name	Director Name
DAVID A. HUNTER	KATHLEEN M. HUNTER
Street Address: 18 WOMANTAM LANE	Street Address: 18 WOMANTAM LANE
City: CUMBERLAND State: RI Zip: 02864	City: CUMBERLAND State: RI Zip: 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
NONE		

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

[redacted] [redacted]

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: Donald A Hunter Date: 2/19/05

Print or Type Name of Officer: DAVID A HUNTER

Title of Officer: PRESIDENT

[redacted]

File Date 2.22.05

Check No. 600

By

FOR SECRETARY OF STATE USE ONLY

Office of the Secretary of State
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

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117288	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

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 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 Zip: 02864	City: CUMBERLAND State: RI 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 Zip: 02864	City: CUMBERLAND State: RI Zip: 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
NONE		

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

[redacted]

117288

Fee Date 5-05-04

Check No. 523

WP

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

David A Hunter — 2/27/04
Signature of Officer — Date

~~PRESIDENT~~ DAVID A. HUNTER
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 Rev. 12/03

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

STOP PLEASE READ INSTRUCTIONS

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* 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* 02864

Vice President Name KATHLEEN M. HUNTER
Street Address 18 WOMANTAM LANE
City CUMBERLAND *State* RI *Zip* 02864

Secretary Name KATHLEEN M. HUNTER
Street Address 18 WOMANTAM LANE
City CUMBERLAND *State* RI *Zip* 02864

Treasurer Name DAVID A. HUNTER
Street Address 18 WOMANTAM LANE
City CUMBERLAND *State* RI *Zip* 02864

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* 02864

Director Name KATHLEEN M. HUNTER
Street Address 18 WOMANTAM LANE
City CUMBERLAND *State* RI *Zip* 02864

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*
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

[redacted]

* 1 1 7 2 8 8 *

File Date: 2/12/03

Check No.: 416

By: TM

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Dan A Hunter — *Signature of Officer* — 2/9/03 — *Date*

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

PRESIDENT — *Title of Officer*

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
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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED 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
COMPUTER CONSULTING and MANAGEMENT

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

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Street Address
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Vice President Name
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Street Address
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City CUMBERLAND *State* RI *Zip* 02864

Secretary Name
KATHLEEN M. HUNTER
Street Address
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City CUMBERLAND *State* RI *Zip* 02864

Treasurer Name
DAVID A. HUNTER
Street Address
18 WOMANTAM LANE
City CUMBERLAND *State* RI *Zip* 02864

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* 02864

Director Name
KATHLEEN M. HUNTER
Street Address
18 WOMANTAM LANE
City CUMBERLAND *State* RI *Zip* 02864

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*
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

[redacted]

117288

File Date: 1-3-02

Check No.: 328

By: [redacted]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

[redacted] 1/1/02
Signature of Officer *Date*

DAVID A. HUNTER
Print or Type Name of Officer

PRESIDENT
Title of Officer