



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. 101290		2. Name of Corporation SMARTIN, INC.			
3. Street Address Principal Business Office 2 CHRISTINA WAY			City NORTH SMITHFIELD	State RI	Zip 02896-
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE DEVELOPMENT, MARKETING AND SALE OF COMPUTER HARDWARE AND SOFTWARE SYSTEMS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Scott Martin			Vice President Name Scott Martin		
Street Address 2 Christina Way			Street Address 2 Christina Way		
City North Smithfield	State R.I.	Zip 02896	City North Smithfield	State R.I.	Zip 02896
Secretary Name Scott Martin			Treasurer Name Scott Martin		
Street Address 2 Christina Way			Street Address 2 Christina Way		
City North Smithfield	State R.I.	Zip 02896	City North Smithfield	State R.I.	Zip 02896
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO 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



FILED

101290 DBC 01/12/05 09:25:48 AM

File Date MAR 10 2005

Check No. By

By:

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
Scott Martin

Date
3-5-05

Print or Type Name of Officer
President

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 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 101290		2. Name of Corporation SMARTIN, INC.			
3. Street Address Principal Business Office 2 CHRISTINA WAY			City NORTH SMITHFIELD	State RI	Zip 02896-
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE DEVELOPMENT, MARKETING AND SALE OF COMPUTER HARDWARE AND SOFTWARE SYSTEMS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Scott Martin			Vice President Name Scott Martin		
Street Address 2 Christina Way			Street Address 2 Christina Way		
City North Smithfield	State Rhode Island	Zip 02896	City North Smithfield	State Rhode Island	Zip 02896
Secretary Name Scott Martin			Treasurer Name Scott Martin		
Street Address 2 Christina Way			Street Address 2 Christina Way		
City North Smithfield	State Rhode Island	Zip 02896	City North Smithfield	State Rhode Island	Zip 02896
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO 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



1 0 1 2 9 0

101290 DBC 02/09/04 09:04:18 AM

File Date 3/11/04

Check No. 409

By SC

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.

Scott Martin 3-5-04
Signature of Officer Date
Scott Martin
Print or Type Name of Officer
President
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. *101290*		2. Name of Corporation SMARTIN, INC.			
3. Street Address Principal Business Office 2 Christina Way			City North Smithfield	State RI	Zip 02896
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE DEVELOPMENT, MARKETING AND SALE OF COMPUTER HARDWARE AND SOFTWARE SYSTEMS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Scott martin		Vice President Name Scott Martin			
Street Address 2 Christina Way		Street Address 2 Christina Way			
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
Secretary Name Scott Martin		Treasurer Name Scott Martin			
Street Address 2 Christina Way		Street Address 2 Christina Way			
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO 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



* 1 0 1 2 9 0 *

101290 DBC3/7/032:44:39 PM

File Date 4-16-03

Check No. 1350

By: SM

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.

Scott M Martin 3-30-03
Signature of Officer Date
SCOTT M MARTIN
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
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.

101290

2. Name of Corporation

SMARTIN, INC.

3. Street Address Principal Business Office

100 Elena Street Apt. 109

City

Cranston

State

RI

Zip

02920

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0

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

~~To develop, marketing & sale of Computer hardware & software systems.~~

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

President Name

Scott Martin

Street Address

100 Elena Street Apt. 109

City

Cranston

State

RI

Zip

02920

Vice President Name

Scott Martin

Street Address

100 Elena Street Apt. 109

City

Cranston

State

RI

Zip

02920

Secretary Name

Scott Martin

Street Address

100 Elena Street Apt. 109

City

Cranston

State

RI

Zip

02920

Treasurer Name

Scott Martin

Street Address

100 Elena Street Apt. 109

City

Cranston

State

RI

Zip

02920

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

Director Name

NONE.

Street Address

Director Name

Street Address

City

State

Zip

City

State

Zip

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

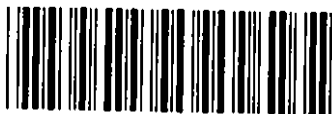
Par Value

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



* 1 0 1 2 9 0 *

File Date: 2-21-02

Check No.: 1251

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]

Signature of Officer

2-12-02

Date

Scott Martin

Print or Type Name of Officer

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.

101290

2. Name of Corporation

SMARTIN, INC.

3. Street Address Principal Business Office

100 Elena Street, Apt. 109

City

Cranston

State

RI

Zip

02920

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0

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

~~To develop, marketing and sale of computer hardware and software systems.~~

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Scott Martin

Vice President Name

Scott Martin

Street Address

100 Elena Street, Apt. 109

Street Address

100 Elena Street, Apt. 109

City

State

Zip

Cranston

RI

02920

City

State

Zip

Cranston

RI

02920

Secretary Name

Scott Martin

Treasurer Name

Scott Martin

Street Address

100 Elena Street, Apt. 109

Street Address

100 Elena Street, Apt. 109

City

State

Zip

Cranston

RI

02920

City

State

Zip

Cranston

RI

02920

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

NONE

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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 SHARES 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



* 1 0 1 2 9 0 *

File Date: 3-20-01

Check No: 1138

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]

Signature of Officer

3-19-01

Date

Scott Martin

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. **101290** 2. Name of Corporation **SMARTIN, INC.**
3. Street Address Principal Business Office City State Zip
100 Elena Street Apt. 109 Cranston RI 02920
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

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

To develop, marketing and sale of computer hardware and software systems.

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

President Name Scott Martin Street Address 100 Elena Street, Apt. 109 City State Zip Cranston RI 02920 Secretary Name Scott Martin Street Address 100 Elena Street, Apt. 109 City State Zip Cranston RI 02920	Vice President Name Scott Martin Street Address 100 Elena Street, Apt. 109 City State Zip Cranston RI 02920 Treasurer Name Scott Martin Street Address 100 Elena Street, Apt. 109 City State Zip Cranston RI 02920
--	---

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

Director Name NONE Street Address City State Zip Director Name Street Address City State Zip Director Name Street Address City State Zip Director Name Street Address City State Zip 	Director Name Street Address City State Zip 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
1,000 SHARES NO PAR VALUE		

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

ISSUED SHARES		
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



* 1 0 1 2 9 0 *

File Date: 2/28/00
Check No.: 146
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.

Scott M. Martin President 2/14/00
Signature of Officer Date

Scott M. Martin

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.

2. Name of Corporation

101290

SMARTIN, INC.

3. Street Address Principal Business Office

100 Elena Street Apt. 109

City

Cranston

State

RI

Zip

02920

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

To develop, marketing and sale of computer hardware and software systems.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Scott Martin

Street Address

100 Elena Street, Apt. 109

City

State

Zip

Cranston

Ri

02920

Secretary Name

Scott Martin

Street Address

100 Elena Street, Apt. 109

City

State

Zip

Cranston

RI

02920

Vice President Name

Scott Martin

Street Address

100 Elena Street, Apt. 109

City

State

Zip

Cranston

RI

02920

Treasurer Name

Scott Martin

Street Address

100 Elena Street, Apt. 109

City

State

Zip

Cranston

RI

02920

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

NONE

Street Address

City

State

Zip

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

1,000 SHARES NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

NONE

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



* 1 0 1 2 9 0 *

File Date:

Mar 3 99

Check No.:

1284

By:

SM

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

SCOTT M MARTIN

Print or Type Name of Officer

PRESIDENT

Date

PRESIDENT