

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 i • Fili	.ININUAL KEJ ing Fee: \$50.00	PORT FOR THE YE	AR <u>2005</u>	<del></del>	
(FORM MUST BE TYPED IN H		g . cc. 250.00				
1. Corporate 1D No.	2. Name of Corpora	tion		··		
101290	SMARTIN, IN					
3. Street Address Principal Busin	ess Office		City	State	Zip	
2 CHRISTINA WAY			NORTH SMITHFIELD	RI	02896-	
4. Business Phone No.	<del></del>	5. State of Incorpora			6. SIC Code	
i		RHODE ISLA	io. o.c cont			
J. Brief Description of the Chard	cier of Business Condu			<u>-</u>		
TO ENGAGE IN THE DE	VELOPMENT, MAR	RETING AND SALE	OF COMPUTERHARDWARE AND	SOFTWARE SYST	EMS	
<u> </u>			ATTACHMENT)   FILL IN SPACE			
President Name	roor integral	CRS ("A" BUX FUR	Vice President Name	S BEFORE USING A	ITACHMENTS	
Scott Martin			· Scott Martin			
Street Address	··		Street Address	<del></del>		
2 Christina Way			. 2 Christing Way			
City	State	Zip	City	State	Zip	
North Smithfield	R.I.	02896	North Smithfield	R.I.	02896	
Secretary Name	* • • • • • • • •		Treasurer Name			
Scott Martin			Scott Martin			
Street Address			Street Address			
2 Christina Way			.2 Christina Way			
City	State	Zip	*City	State	Zip	
North Smithfield	R.I.	02896	. North Smithfield	R.I.	02896	
9, NAMES AND ADDRESS	ES OF THE DIRE	l de la companya de	PATTACHAGATO CILL IN SOLC		1777 CHARNETO	
Director Name		C. O. W. DOX I O	ATTACHMENT   FILL IN SPACES BEFORE USING ATTACHMENTS			
None		•				
Street Address	<del></del>		Street Address	· Street Address		
			* Control France Cold			
City	State	2:-			<del></del>	
City	State	Zip	•City	State	Zip	
Director Name	1	<b></b> <i></i>		.	<i></i>	
D. Color Flame			• Director Name			
Street Address		·····	•		·	
			·Street Address			
City	State	Zip	·City	State	Zip	
			•	State	Zip	
10. SHARES AUTHORIZE	D /"V" BOY FOR AT	TICUUSUM D				
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				1		
This report must be signed	dia tale by the			1		
ims report must be signed	in ink by ellner	ine President, Vice	President, Secretary, Assistant	Secretary, Treasi	irer, Receiver or Trustee	
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	<b>                                   </b>					
1 0 1	2 9 0		Under penalty of perium	I dealess and affilms	that I have a series d	
	<b>n</b>		Under penalty of perjury, this report, including any	accompanying sched	utat i nave examined	
*101290 DBC 01/12/05	00.05.40.4140	$\neg$	and that all statements con			
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File Date MAR 1 0	2005	45	۱۸ ین ۱۷ الا ۱۸ کسیم(ر	<b>~</b> }	· 5- US	
1	11/5 14	. ∤	Signature of Officer		)ate	
Check No. By			Scott Martin	_		
			Print or Type Name of Office	···		
B <u>y:</u>	<del></del>					
FOR SECRETARY OF STATE I	USE ONLY		President			
<u> </u>		J	Title of Officer		Form 630 12/01	



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 I . Filin	g Fee: \$50.00	MI I ON THE LE	AIX	<del>-</del>
(FORM MUST BE TYPED IN B	LACK)	•			
1. Carporate ID No.	2. Name of Corporation			<del></del>	
101290	SMARTIN, INC	•			
3. Street Address Principal Busin	ess Office	<del></del>	Ciny	State	Zip
2 CHRISTINA WAY			NORTH SMITHFIELD	RI	02896-
4. Business Phone No.		5. State of Incorporation	1	1	
1		RHODE ISLAND			6. SIC Code
7_Brief Description of the Chara	ctes of Ausiness Conduct			<u> </u>	0
TO ENGAGE IN THE DEV	BLOPMENT, MARKE	ETING AND SALE OF	COMPUTERHARDWARE AND		-
	ES OF THE OFFICE	RS ("X" BOX FOR ATTA	ACHMENT)   FILL IN SPACES	S BEFORE USING ATTAC	HMENTS
Scott Martin			- Scott Martin		
Street Address			Street Address	<del></del>	
2 Christina Way			· 2 Christina Way		
City	State	Zip	City	<del></del>	
North Smithfield Secretary Name	Rhode Island		North Smithfield	State Rhode Island	<i>Zip</i> 02896
Scott Martin			Scott Martin		
Sireet Address	·	<del></del>	* Street Address	<del></del>	
2 Christina Way			•		
City	State	17/-	.2 Christina Way	····	
North Smithfield	Rhode Island	Zip	City	State	Zip
			.North Smithfield	Rhode Island	02896
Director Name	ES OF THE DIRECT	ORS ["X" BOX FOR AT	TACHMENT)   FILL, IN SPAC	ES BEFORE USING ATT	ACHMENTS
None			•		
Sircet Address		······································	. Street Address		
City	State	7ip			
- /	STORE .	12p	·City	State	Zip
Director Name	_		Director Name		1
Street Address			· Street Address	<del></del>	
City	State	Zip	.Clry	State	Ziρ
10 SHAPES AUTHORIZE	D AVE BOY FOR AND		<del></del>	<u> </u>	
10. SHARES AUTHORIZE AUTHORIZED SHARES	O (A BOX FOR ATTA	(CIMENT) [	11. SHARES ISSUED ("X" BOX	FOR ATTACHMENT)	
Number of Shares	Class/Series	9 a - 1/-1.	ISSUED SHARES	-	
	Classiseries	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	Common	No Par Value
	2				
This report must be signed	in ink by either th	e President, Vice Pres	i Sident, Secretary, Assistant	 Secretary, Treasurer,	Receiver or Trustee
81 (12)   COLD)    (12) 0	13 <b>616</b> (0)(( 0.0)				
1 0 1 2	9 0		Under penalty of perjury, I	declare and affirm that I	have everywheed
			this report, including any a	ccompanying schodules	nuve examined
*101290 DBC 02/09/04	00:44:40 444	ļ	and that all statements con	tained begin assumes t	and Statements,
(	ጟ <i>የነገ የፖ</i> ያማ		1 . 1. A A AL L		correct.
File Doie	2111/29		ナールルはん	Man 1. 1 2-	< ~ )/⊓
	1/2/2		Signature of Officer	10014 July 37	<u> </u>
Check No	<u> </u>		Scott Martin	Date	
	$\leq 1$				_ <del>_</del>
B <u>y:</u>	<u> </u>		Print or Type Name of Officer	•	
FOR SECRETARY OF STATE U	SE ONLY		President		
			Title of Officer		Form 630 12/01



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 I					
1. Corporate ID No.   101290*	2. Name of Corporation SMARTIN, INC.				
3. Street Address Principal Busin		·	City	State	Zip
2 Christina Way	ogice		North Smithfield	RI	02896
4. Business Phone No.		5. State of Incorporation	Moren Smrchillerd		<del></del>
		RHODE ISLAND			6. SIC Code 0
7 Brief Description of the Char TO ENGAGE IN THE DE	octer of Business Conduct VELOPMENT, MARK	cdin Rhode Island TING AND SALE OF	COMPUTERHARDWARE AND	SOPTWARE SYSTEMS	
8 NAMES AND ADDRES	SES OF THE OFFICE	200 400 000 200			
President Name	ses of the Ottici	TWO TAY BOX LOK WIT	ACHMENT)   FILL IN SPACE	S RELOKE OSING VILY	CHMENTS
Scott martin			- Scott Martin		
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address	·	
2 Christina Way			- 2 Christina Way		
City	State	Zip	City	State	Zip
North Smithfield	RI	02896	· North Smithfield	RI	02896
Secretary Name			Treasurer Name		
Scott Martin	·		Scott Martin		
Street Address			Street Address		
2 Christina Way	<del></del>		.2 Christina Way		
City	State	Zip	City	State	Zîp
North Smithfield	RI	02896	North Smithfield	RI	02896
9. NAMES AND ADDRES	SES OF THE DIRECT	TORS ("X" BOX FOR AT	TACHMENT)   FILL IN SPACE	ES BEFORE USING ATT	ACHMENTS
None			·	•	
Sircet Address			· Street Address		
City	State	Zip	·Ciry	State	Ζίρ
Director Name	J	.l	·		
Director Name			* Director Name *		
Street Address	···	<del></del>	Street Address	· · · · · · · · · · · · · · · · · · ·	
City	State	Zip	.Ciry	State	Zip
			•		
10. SHARES AUTHORIZE	D ("X" BOX FOR ATT.	ACHMENT)	11. SHARES ISSUED ("X" #O	X FOR ATTACHMENT)	<u> </u>
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
		· · · · · · · · · · · · · · · · · · ·		<del>                                     </del>	
774				<u> </u>	
This report must be signe	d in ink by either th	ie President, Vice Pre	sident, Secretary, Assistant	Secretary, Treasurer	, Receiver or Trustee
1 116101 11011 0 010					
			Under penalty of perjury.	I declare and affirm that	I have examined
	,		this report, including any		
*101290 DBC3/7/032:4	4:39 PM*	]	and that all statements co		
	-11. 113		11 nn nn	+ 11	O.
File Date	7	1	11001 10/ 10/0	Ju 3-30	<u></u>
Check No.	35O		Signature of Officer	Date	
	7		Print or Type Name of Office	exercy	
В <u>у:</u>	(1-(			••	
FOR SECRETARY OF STATE	USE ONLY		PRESTOENT Title of Officer		Form 630 12/01



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

renow. Junuary 1-march 1	•	Filing Fee: \$50.00
FORM MUST BE TYPED IN BLACK		

FORM MUST BE TYPED IN	BLACK)				
1. Corporate ID No.	2. Name of Carpor	ation			
101290	SMARTIN,	INC.			
3. Street Address Principal Busi	ness Office		City	State	71.
100 Elena St	reet Apt. 1		Cranston	RI	zip 02920
v. masiness trong 100.		5. State of Incorporati			6. SIC Code
7. Brief Description of the Char		RHODE ISLA	.ND		0
8. NAMES AND ADDR	ESSES OF THE OFF	-sa <del>le-</del> of-Eomp ICERS (*x* BOX FOR AT)		&—sof-t <del>wa</del> re—sy Esbefore using atta	ystems.————— ACHMENTS
Scott Martin			Vice President Name		
Street Address			Scott Marti	.n	
100 Elena St	reet Ant. 1	na	Street Address		,
City	State	Zip	City	reet Apt. 109	9
Cranston	RI	02920	Cranston	State	Zip
Secretary Name		02320	Treasurer Name	RI	02920
Scott Martin			Scott Marti	<b>"</b>	
Street Address			Street Address	.11	
100 Elena St	reet Apt. 10	)9		treet Apt. 10	10
City	State	Zip	City	State	
Cranston	RI	02920	Cranston	RI	zip 02920
9. NAMES AND ADDR	ESSES OF THE DIRI	ECTORS ("X" BOX FOR A	•	CES BEFORE USING AT	
Director Name			Director Name	CISS DET ORE USING AT	IACIMEN 15
NONE.					
Street Address			Street Address		
Con					
City	State	Zip	Clty	State	Zip
Director Name					
Director Minne			Director Name		
Street Address					
			Street Address		
City	State	710	<b>-</b>		
		Zip	City	State	ZIp
10. SHARES AUTHORIZ	FD (*Y* BOY FOR ATTA	CULTUT			
AUTHORIZED SHARES	DO IN BONFOR WITH	CHMEN!)		("X" BOX FOR ATTACHMEN	(ד
Number of Shares	Class/Series	Par Value	ESSUED SHARES		
1,000 NO PAR VALUE		, at stille	Number of Shares	Class/Series	Par Value
,			100	common	no par value
					-
P1 -					

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



File Date:	2-21-02	
Check Na.:	1251	·
By:	2	
FOR SECRETAR	Y OF STATE LISE 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.

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14	as As	<u> </u>		
) with	13/ 16/	عتدن ا		2-11-

ture of Officer	Da

Scott_	Martin		
Print or Type Name		 	
	of cofficer		

1. Corporate ID No.

4. Business Phone No.

President Name

Street Address

Cranston

Scott Martin

101290

3. Street Address Principal Business Office.

100 Elena Street, Apt. 109

100 Elena Street, Apt. 109

FOR SECRETARY OF STATE USE ONLY

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

State

RΙ

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

State

State

RI

RI

Cranston

Vice President Name

Cranston

Street Address

Scott Martin

Scott Martin Print or Type Name of Officer President

Title of Officer

100 Elena Street, Apt. 109

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

5. State of Incorporation RHODE ISLAND

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

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

02920

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

2. Name of Corporation

SMARTIN, INC.

Secretary Name			Treasurer Name		
Scott Martin			Scott Martin		
Street Address			Street Address		
100 Elena Street	, Apt. 109		100 Elena Stre	et, Apt. 109	
City	State	Zip	City	State	Zip
Cranston	RI	02920	Cranston	RI	02920
9. NAMES AND ADDRESS Director Name	SSES OF THE DIRE	CTORS ("X" BOX FOR A	ATTACHMENT) FILL IN SPACE Director Name	S BEFORE USING ATTA	CHMENTS
NONE					
Street Address			* Street Address	•	
			<b>.</b>		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zıp
10. SHARES AUTHORIZE AUTHORIZED SHARES	D (*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*)	X" BOX FOR ATTACHMENT)	
Number of Shares	Class/Senes	Par Volue	Number of Shares	Class/Series	Par Value
1,000 SHARES NO	DAD VALUE				,
1,000 SHAKES NO	PAK VALUE		100	Common	No Par
This report must be <b>sign</b>	e <b>d in ink</b> by eith	er the President, Vic	e President, Secretary, Assis	stant Secretary, Treasu	rer, Receiver or Trustee
* 1	0 1 2 9 0	<b>                                     </b>	Under penalty of per	jury, I declare and affirm	that I have examined
3-20 File Date:	0.01			gany accompanying schei ontained herein arc true a	dules and statements, and and correct.
File Date:			Lal Mill	~	3-14-01
Check No			Signature of Officer	-i -•	Date

02920

02920

6 SIC Code



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

101-222-2040
(\$10P)
1911 AST 301 AD
PREASE READ INSTRUCTIONS

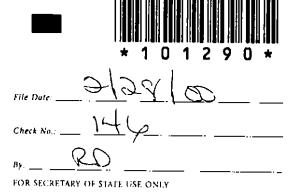
Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No 2. Name of Corporation 101290 SMARTIN, INC. 3. Street Address Principal Business Office City State 100 Elena Street Cranston RT 02920 4 Business Phone No. 5. State of Incorporation 6. SIC Code RHODE ISLAND 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 Vice President Name Scott Martin Scott Martin Street Address Street Address 100 Elena Street, Apt. 100 Elena Street, Apt. 109 Zip Zip Cranston RI 02920 Cranston RI 02920 Secretary Name Treasurer Name Scott Martin Scott Martin Street Address Street Address 100 Elena Street, Apt. 109 100 Elena Street, Apt. City State City State Zip Cranston RI 02920 Cranston RI02920 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name NONE Street Address Street Address City State Zip City State Zip Director Name Director Name Street Address Street Address City State Zip City State Zip

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 SHARES NO PAR VALUE

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

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



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and contained herein are true and correct. Sixnature of Officer Scott M. Martin Print or Type Name of Officer

President Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, R1 02903-1335 401-222-3040

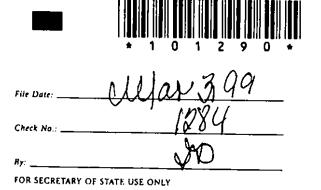
## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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(FORM MUST BE TYPED IN B	ILACK)				
1. Corporate ID No.	2. Name of Corporat	ion			
101290	SMARTIN, II	NC.			
3. Street Address Principal Busin	ess Office		City	State	Zip · · -
100 Elena Sti 4. Business Phone No.	reet Apt.	S. State of Incorporati		RI	02920 6. SIC Code
7 Print Descript (c) or		RHODE ISLA	AND		
7. Brief Description of the Charac					
President Name	ESSES OF THE OFFIC	d_sale_of_co CERS (*x* BOX FOR ATT	mputer hardware  FACHMENT) FILL IN SPACES  Vice President Name	and_software_ BEFORE USING ATTAC	systems
Scott Martir	า		Scott Martin		
100 Elena Str <sub>Chy</sub>	seet, Apt. 1	09 zıp	100 Elena S	treet, Apt. 1	.09 zip
Cranston Secretary Name	Ri	02920	Cranston Treasurer Name	RI	02920
Scott Martin Street Address			Scott Mart	in	
100 Elena Stre	eet, Apt. 10	9 Zip	100 Elena S	treet, Apt. 1	09 Zip
Cranston	RI	02920	Cranston	RI	02920
9. NAMES AND ADDRE	SSES OF THE DIRE	CTORS ("X" BOX FOR A		ES BEFORE USING ATTA	
NONE			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
iteet Address			Street Address	•	
ay .	State	Zip	City	State	Zip
O. SHARES AUTHORIZE	ED ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED (*	X* BOX FOR ATTACHMENT.	) <sub>1</sub>
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHARES NO	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

Title of Officer



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.

List Material Signature of Officer

Signature of Officer

Print or Type Name of Officer

PC = TO A T