



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. 141 3916 2. Name of Corporation Decisive Solutions, Inc.  
3. Street Address Principal Business Office 46 Pilgrim Road City Needham State MA Zip 02492  
4. Business Phone No. (617) 875-3600 5. State of Incorporation Massachusetts 6. SIC Code 7872  
7. Brief Description of the Character of Business Conducted in Rhode Island  
Provide of computer related consulting services and reseller of computer related software.

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

President Name <u>Michael Heier</u> Street Address <u>46 Pilgrim Road</u> City <u>Needham</u> State <u>MA</u> Zip <u>02492</u>	Vice President Name <u>Michael Heier</u> Street Address <u>46 Pilgrim Road</u> City <u>Needham</u> State <u>MA</u> Zip <u>02492</u>
Secretary Name <u>Michael Heier</u> Street Address <u>46 Pilgrim Road</u> City <u>Needham</u> State <u>MA</u> Zip <u>02492</u>	Treasurer Name <u>Michael Heier</u> Street Address <u>46 Pilgrim Road</u> City <u>Needham</u> State <u>MA</u> Zip <u>02492</u>

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

Director Name <u>Michael Heier</u> Street Address <u>46 Pilgrim Road</u> City <u>Needham</u> State <u>MA</u> Zip <u>02492</u>	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	Class/Series	Par Value
Number of Shares		
<u>27000</u>	<u>CNP</u>	<u>0</u>

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
<u>100</u>	<u>Common</u>	<u>0</u>

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



**FILED**

File Date AUG 29 2005  
Check No. By 2060  
By: G44  
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 [Signature] Date [Date]  
Michael Heier  
Print or Type Name of Officer  
President  
Title of Officer