



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. 104297		2. Name of Corporation Wickford Technologies, Inc.			
3. Street Address Principal Business Office 214 Wickford Point Road			City N. Kingstown	State RI	Zip 02852
4. Business Phone No. 401-295-4816		5. State of Incorporation Rhode Island			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island To provide technical consulting services					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ms. Evelyn Iannotti		Vice President Name Daniel L. Iannotti			
Street Address 214 Wickford Point Road		Street Address 214 Wickford Point Road			
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI	Zip 02852
Secretary Name		Treasurer Name Daniel L. Iannotti			
Street Address 214 Wickford Point Road		Street Address 214 Wickford Point Road			
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI	Zip 02852
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Ms. Evelyn Iannotti		Director Name Daniel L. Iannotti			
Street Address 214 Wickford Point Road		Street Address 214 Wickford Point Road			
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI	Zip 02852
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,400	NO PAR VALUE		800	Common	NO PAR VALUE

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

104297

FILED
File Date <u>MAR 14 2005</u>
Check No. _____
By: <u>[Signature]</u>
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.

Evelyn M. Iannotti 2/28/05
Signature of Officer Date

Ms. Evelyn Iannotti
Print or Type Name of Officer

President
Title of Officer

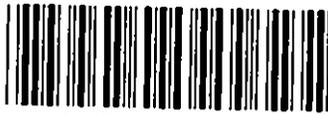


PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

1. Corporate ID No. 104297		2. Name of Corporation Wickford Technologies, Inc.		
3. Street Address Principal Business Office 214 Wickford Point Road		City North Kingstown	State RI	Zip 02852
4. Business Phone No. (401) 295-4816		5. State of Incorporation RHODE ISLAND		6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE TECHNICAL CONSULTING SERVICES.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Evelyn M. Iannotti		Vice President Name Daniel L. Iannotti		
Street Address 214 Wickford Point Road		Street Address 214 Wickford Point Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI
Secretary Name Evelyn M. Iannotti		Treasurer Name Daniel L. Iannotti		
Street Address 214 Wickford Point Road		Street Address 214 Wickford Point Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Evelyn M. Iannotti		Director Name Daniel L. Iannotti		
Street Address 214 Wickford Point Road		Street Address 214 Wickford Point Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES				
Number of Shares		Class/Series	Par Value	
2,400 NO PAR VALUE				
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES				
Number of Shares		Class/Series	Par Value	
800		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 4 2 9 7 *

File Date 6/18/04
Check No. 18435
By: IS
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.
Evelyn M. Iannotti 6/4/04
Signature of Officer Date
Evelyn M. Iannotti
Print or Type Name of Officer
President
Title of Officer

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. **104297**
2. Name of Corporation **Wickford Technologies, Inc.**
3. Street Address Principal Business Office
214 Wickford Point Road
4. Business Phone No. **(401) 295-4816**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island

City **North Kingstown** State **RI** Zip **02852**
6. SIC Code **0**

To provide technical consulting services and all other lawful purposes.

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

President Name
Evelyn M. Ianotti
Street Address
214 Wickford Point Road
City **North Kingstown** State **RI** Zip **02852**

Vice President Name
Daniel L. Ianotti
Street Address
214 Wickford Point Road
City **North Kingstown** State **RI** Zip **02852**

Secretary Name
Evelyn M. Ianotti
Street Address
214 Wickford Point Road
City **North Kingstown** State **RI** Zip **02852**

Treasurer Name
Daniel L. Ianotti
Street Address
214 Wickford Point Road
City **North Kingstown** State **RI** Zip **02852**

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

Director Name
Evelyn M. Ianotti
Street Address
214 Wickford Point Road
City **North Kingstown** State **RI** Zip **02852**

Director Name
Daniel L. Ianotti
Street Address
214 Wickford Point Road
City **North Kingstown** State **RI** Zip **02852**

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2,400 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
800 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 4 2 9 7 *

File Date: 3.17.03

Check No.: 16854

By: [Signature]

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.

Evelyn M. Ianotti 2/17/03
Signature of Officer Date

Evelyn M. Ianotti
Print or Type Name of Officer

President
Title of Officer

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. **104297**
2. Name of Corporation **Wickford Technologies, Inc.**

3. Street Address Principal Business Office **214 Wickford Point Road** City **N. Kingstown** State **RI** Zip **02852**
4. Business Phone No. **(401) 295-4816** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island
To provide technical consulting services and all other lawful purposes.

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

President Name Evelyn M. Ianotti	Vice President Name Daniel L. Ianotti
Street Address 214 Wickford Point Road	Street Address 214 Wickford Point Road
City State Zip N. Kingstown RI 02852	City State Zip N. Kingstown RI 02852
Secretary Name Evelyn M. Ianotti	Treasurer Name Daniel L. Ianotti
Street Address 214 Wickford Point Road	Street Address 214 Wickford Point Road
City State Zip N. Kingstown RI 02852	City State Zip N. Kingstown RI 02852

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

Director Name Evelyn M. Ianotti	Director Name Daniel L. Ianotti
Street Address 214 Wickford Point Road	Street Address 214 Wickford Point Road
City State Zip N. Kingstown RI 02852	City State Zip N. Kingstown RI 02852

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2,400 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
800 Common No Par Value

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



File Date: 3-21-02
Check No.: 15063
By: [Signature]

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.
Evelyn M. Ianotti / 1 / 02
Signature of Officer Date
Evelyn M. Ianotti
Print or Type Name of Officer
President
Title of Officer



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. **104297** 2. Name of Corporation **Wickford Technologies, Inc.**
3. Street Address Principal Business Office **214 Wickford Point Road** City **N. Kingstown** State **RI** Zip **02852**
4. Business Phone No. **(401) 295-4816** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**
7. Brief Description of the Character of Business Conducted in Rhode Island

To provide technical consulting services and all other lawful purposes.

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

President Name Evelyn M. Iannotti	Vice President Name Daniel L. Iannotti
Street Address 214 Wickford Point Road	Street Address 214 Wickford Point Road
City N. Kingstown State RI Zip 02852	City N. Kingstown State RI Zip 02852
Secretary Name Evelyn M. Iannotti	Treasurer Name Daniel L. Iannotti
Street Address 214 Wickford Point Road	Street Address 214 Wickford Point Road
City N. Kingstown State RI Zip 02852	City N. Kingstown State RI Zip 02852

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

Director Name Evelyn M. Iannotti	Director Name Daniel L. Iannotti
Street Address 214 Wickford Point Road	Street Address 214 Wickford Point Road
City N. Kingstown State RI Zip 02852	City N. Kingstown State RI Zip 02852

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2,400 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
800 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 4 2 9 7 *

4-2-01

File Date: _____

Check No.: 13934

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.

Evelyn M. Iannotti 3/2/01
Signature of Officer Date

Evelyn M. Iannotti
Print or Type Name of Officer

President
Title of Officer



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. **104297** 2. Name of Corporation **Wickford Technologies, Inc.**
3. Street Address Principal Business Office **214 Wickford Point Road** City **N. Kingstown** State **RI** Zip **02852**
4. Business Phone No. **(401) 295-4816** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
To provide technical consulting services and all other lawful purposes.

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

President Name Evelyn M. Iannotti	Vice President Name Daniel L. Iannotti
Street Address 214 Wickford Point Road	Street Address 214 Wickford Point Road
City N. Kingstown State RI Zip 02852	City N. Kingstown State RI Zip 02852
Secretary Name Evelyn M. Iannotti	Treasurer Name Evelyn M. Iannotti
Street Address 214 Wickford Point Road	Street Address 214 Wickford Point Road
City N. Kingstown State RI Zip 02852	City N. Kingstown State RI Zip 02852

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

Director Name Evelyn M. Iannotti	Director Name Daniel L. Iannotti
Street Address 214 Wickford Point Road	Street Address 214 Wickford Point Road
City N. Kingstown State RI Zip 02852	City N. Kingstown State RI Zip 02852
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
2,400	NO	PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
800	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 4 2 9 7 *

File Date: 3/7/00
Check No.: 158
By: [Signature]

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.

Evelyn M. Iannotti 1/26/00
Signature of Officer Date
Evelyn M. Iannotti
Print or Type Name of Officer
President
Title of Officer