

A. Ralph Mollis, Secretary ...
Corporations Div...
148 W. River Stree.
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

In accordance with R.L.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Daniel J. Fisher Member State City Saunderstown RI 0287 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE—DO NOT LIST MEMBER FILL IN SPACES BEFORE USING ATTACHMENTS (X BOX FOR ALTACHMENT) Manager Name Manage	(101100000) ,	,,, ,, ,				
Rhode Island credit card processing 5 Principal office address 70 Crosswynds Drive 6 Marking Address Daniel J. Fisher City Saunderstown RI 0287 Contact Title OF CONTACT PERSON:				CC		
70 Crosswynds Drive 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME CONTACT PERSON: Contact Title Daniel J. Fisher Member Street Address 70 Crosswynds Drive 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE DO NOT LIST MEMBER FILL IN SPACES BEFORE USING ATTACHMENTS Street Address	4 "				e Island	
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Street Address 70 Crosswynds Drive 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE DO NOT LIST MEMBER FILL IN SPACES BEFORE USING ATTACHMENTS (X BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State Zip City State Zip City State Zip City State Zip State Zip Address City State Zip Address City State Zip Address City State Zip Address City State Zip Address Address Address Address Ralph E. Iannitelli Address Address Zip Zip Zip Zip Zip Zip Zip Z	6. MAILING ADDRES	SS OF LIMITED LIABI	LITY COMPANY A	NO NAME OR TITLE OF CONTACT Contact Title	TO THE OWNERS OF THE PARTY OF T	02874
70 Crosswynds Drive Saunderstown RI 0287 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIBILITY COMPANY, IF APPLICABLE DO NOT LIST MEMBER FILL IN SPACES BEFORE USING ACTACHMENTS. ("X BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State Zip City State Zip	Daniel J.	Fisher		Member		
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE DO NOT LIST MEMBER FILL IN SPACES BEFORE USING ATTACHMENTS (XYBOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State Zip City State Zip City State Zip City State Zip State Zip Street Address City State Zip				; *		'
Manager Name Manager Name Manager Name Manager Name Street Address City State Zip City Manager Name Manager Name Manager Name Manager Name Manager Name Street Address City State Zip State Zip City State Zip Address City State Zip City State Zip Address Address Ralph E. Iannitelli 3 Austin Avenue Address	70 Crossw	ynds Drive		Saunderstown	RT KT	02874
City State Zip Manager Name Manager Name Street Address City State Zip City State Zip City State Zip City State Zip State Zip Address Ralph E. Iannitelli 3 Austin Avenue City Zip City Zip		ESS OF EACH MANAGELL IN S	GER OF THE LIMIT PACES BEFORE US	SING ATTACHMENTS ('X'BOX FO	icable <u>DO NOT</u> ratiachment) □	LIST MEMBERS
Manager Name Manager Name Street Address Street Address City Mate Zip City City State Zip City State Zip Address Ralph E. Iannitelli Address City City Zip City Zip Zip Zip Zip Zip Zip Zip	Street Address			Street Address		
Street Address City State Zip City City State Zip City State Zip Address Ralph E. Iannitelli Address Address City City City State Zip City State Zip City State Zip Zip Zip Zip Zip Zip Zip Zi	City	State	Zip	City	State	Ziμ
City State Zip City State Zip 8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER - Changes require filling of Form 642; R.I.G.E. 7.16-11 Agent Name Ralph E. Iannitelli 3 Austin Avenue Address City Zip	Manager Name	,		Manager Name		
8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER Changes require filing of Form 642 - R.I.G.L. 7.16-11 Agent Name Address Ralph E. Iannitelli 3 Austin Avenue Address City Zip	Street Address			Stroet Address		
Agent Name Address Ralph E. Iannitelli 3 Austin Avenue Address Z_{ip}	City	State	Zip	City	State	Zip
10007000	Agera Name		DO NOT ALTER	Address		
PU BOX 284 Greenville U2828	Address PO Box 284			Greenville	Zip	02828

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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File Date	FIRED TO THE
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Check No.	OCT 0 1 2008
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	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 Authorized Person

9-26-08

Daniel J. Fisher

Print or Type Name of Authorized Person