



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St
Providence, RI 02904-2612
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 102368		2. Name of Corporation R.I. Document Company, Inc.			
3. Street Address Principal Business Office 1800 Post Road, Suite 27			City Warwick	State RI	Zip 02886
4. Business Phone No. 401-739-6661		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO MARKET, SELL, TRADE, LEASE OR OTHERWISE DEAL IN PHOTOCOPY EQUIPMENT AND ITS ACCESSORIES.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael A. Tassoni			Vice President Name Michael A. Tassoni		
Street Address 371 Sleepy Hallow Farm Road			Street Address 371 Sleepy Hallow Farm Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Michael A. Tassoni			Treasurer Name Michael A. Tassoni		
Street Address 371 Sleepy Hallow Farm Road			Street Address 371 Sleepy Hallow Farm Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael A. Tassoni			Director Name N/A		
Street Address 371 Sleepy Hallow Farm Road			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	NO PAR VALUE		None		
			THIS SECTION MUST BE COMPLETED		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.



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: Michael A. Tassoni Date: 8/20/07
Print or Type Name: Michael A. Tassoni
Title: President

102368

File Date: **FILED**

Check No.: OCT-05-2007

By: [Signature]

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