RI SOS Filing Number: 200703535290 Date: 11/02/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.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.

1. ID No.	2. Exact name of the limited liability company
140374	Northeast Copier Systems, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
MASSACHUSETTS	SALES AND SERVICE OF AUTOMATED OFFICE EQUIPMENT

5. Principal office address	City	State	Zip
23 BIRCH ST	MILFORD	MA	01757

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
JOHN UTTERO	PRESIDENT

Street Address	City	State	Zip

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
THOMAS S JOHNSON	3820 NORTHDALE BLVD STE 200A	TAMPA	FL	33624
RAYMOND SCHILLING	3820 NORTHDALE BLVD STE 200A	TAMPA	FL	33624
PAUL MOSLEY	10 CHARLES ST	NASHUA	NH	03063

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	City	Zip
CT CORPORATION SYSTEM	10 WEYBOSSET STREET	PROVIDENCE	02903-

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

[redacted] [redacted]

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.

Paul D. Mosley 10/15/07
Signature of Authorized Person *Date*

[redacted]

Paul Mosley Manager
Print or Type Name of Authorized Person

File Date FILED
Check No. NOV 02 2007
By: By 38662

16278-52-200576
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Form 632 Rev. 07/07