



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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

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. 10592		2. Name of Corporation MIDSTATE A.V. REPAIR CO., INC.			
3. Street Address Principal Business Office 192 Pilgrim Avenue			City Coventry	State RI	Zip 02816
4. Business Phone No. 401-828-6260		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island REPAIR CAMERAS, DIGITAL, DIGITAL VIDEO, PROJECTORS, DVD, AUDIOVISUAL EQUIPMENT					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John A. Osti Sr.			Vice President Name Patricia A. Osti		
Street Address 12 Myra Road			Street Address 12 Myra Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John A. Osti, Sr.			Director Name Patricia A. Osti		
Street Address 12 Myra Road			Street Address 12 Myra Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name			Director Name		
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	\$1.00PAR VALUE		100		1.00

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.

<b>FILED</b>
File Date
Check No. <b>JAN 14 2008</b>
By: <u>1191</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.

*Patricia A. Osti* 1/11/08  
Signature Date  
Patricia A. Osti 01/11/08  
Print or Type Name  
Vice President  
Title