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.	2. Name of Corporation		
10592	MIDSTATE A.V. REPAIR CO., INC.		
3. Street Address Principal Business Office	City	State	Zip
192 Pilgrim Avenue	Coventry	RI	02816
4. Business Phone No.	5. State of Incorporation		
401-828-6260	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)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
John A. Osti Sr.			Patricia A. Osti		
Street Address			Street Address		
12 Myra Road			12 Myra Road		
City	State	Zip	City	State	Zip
Coventry	RI	02816	Coventry	RI	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)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
John A. Osti, Sr.			Patricia A. Osti		
Street Address			Street Address		
12 Myra Road			12 Myra Road		
City	State	Zip	City	State	Zip
Coventry	RI	02816	Coventry	RI	02816
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐ **10. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

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.

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

FILED
File Date
Check No. JAN 14 2008
By: By 1191
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Form 630 Rev. 12/06