



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 2009

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. 81968		2. Name of Corporation POINT JUDITH ELECTRONIC SERVICES, INC.			
3. Street Address Principal Business Office 330 GREAT ISLAND ROAD			City NARRAGANSETT	State RI	Zip 02882
4. Business Phone No. 401-792-8120		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO SELL AND REPAIR ELECTRONIC EQUIPMENT AND DEVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name BARRY A. BARRETT			Vice President Name DAWN BARRETT		
Street Address 36 GENTRY CIRCLE			Street Address 36 GENTRY CIRCLE		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
Secretary Name DAWN BARRETT			Treasurer Name BARRY A. BARRETT		
Street Address 36 GENTRY CIRCLE			Street Address 36 GENTRY CIRCLE		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name BARRY A. BARRETT			Director Name DAWN BARRETT		
Street Address 36 GENTRY CIRCLE			Street Address 36 GENTRY CIRCLE		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			NONE		

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.

FILED

File Date **JAN 14 2009**

Check No. **11:11 AM**

By **1278063**

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

BARRY A. BARRETT

Print or Type Name

PRESIDENT

Title

1/9/2009

Date