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.	2. Name of Corporation			
58209	A-1 COPIER, SALES, SERVICE & SUPPLY, INC.			
3. Street Address Principal Business Office		City	State	Zip
76 East Street		Pawtucket	RI	02860
4. Business Phone No.	5. State of Incorporation			
401-728-6670	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Sales, service and supplies of copiers, computers, printers & business machines and any other lawful business

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
Janu Memon	Joseph V. Gilio, Jr.
Street Address: same as above	Street Address: same as above
City / State / Zip	City / State / Zip
Secretary Name: Noorjahan Memon	Treasurer Name: Janu Memon
Street Address: same as above	Street Address: same as above
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
Janu Memon	Joseph V. Gilio, Jr.
Street Address: same as above	Street Address: same as above
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1000	Common	No Par Value

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	No Par Value

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.

[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.

Janu Memon 2/3/09
Signature *Date*

Janu Memon
Print or Type Name

[redacted] President
Title

File Date 2-27-09
Check No. 3830
By: mnc
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/06