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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 2012

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. 331093	*2. Name of Corporation* Electronic Risks Consultants, Inc				
3. Street Address Principal Business Office 456 Rt. 22 West			*City* Whitehouse Station	*State* NEW JERSEY	*Zip* 08889
4. Business Phone No. 908-823-0960	*5. State of Incorporation* New Jeresy				
6. Brief Description of the Character of Business Conducted in Rhode Island Equipment maintenance, office equipment maintenance					
7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**					
President Name Avraam Zambas			*Vice President Name*		
Street Address 301 CR 639			*Street Address*		
City Bloomsbury	*State* New Jersey	*Zip* 08889	*City*	*State*	*Zip*
Secretary Name			*Treasurer Name* Stathis N. Zambas		
Street Address			*Street Address* 365 Liberty Road		
City	*State*	*Zip*	*City* Stewartsville	*State* New Jersey	*Zip* 08886
8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**					
Director Name			*Director Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*
Director Name			*Director Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

9. SHARES AUTHORIZED

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	*Class/Series*	*Par Value*
100	Common	

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 20 2012

Check No. 32859

By:

FOR SECRETARY OF STATE USE ONLY

72318-10-715037

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 *Date* 01-17-12

STATHIS N ZAMBAS
Print or Type Name

CFO
Title

Form 630 Rev. 08/08