

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. 157426	2. Name of Corporation Focus Business Solutions, Inc.				
3. Street Address Principal Business Office 2075 Plainfield Pike			City Johnston	State Rhode Island	<i>Ζφ</i> 02919
4. Business Phone No. 5. State of Incorporation Rhode Island					I
6. Brief Description of the Character Business promotion and we	eb site services				
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS	S: ("X" BOX FOR ATTA		SPACES BEFORE USING A	<b>ITACHMENTS</b>
Gilbert Lantini			Vice President Name Gilbert Lantini		
Street Address			: Street Address		
2075 Plainfield Pike			2075 Plainfield Pike		
Johnston	State Rhode Island	<sup>Ζφ</sup> 02919	City Johnston	State Rhode Island	<sup>Zip</sup> 02919
Secretary Name Gilbert Lantini			Treasurer Name Gilbert Lantini		
Street Address 2075 Plainfield Pike			Street Address 2075 Plainfield Pike		
City Johnston	State Rhode Island	<sup>Ζφ</sup> 02919	City Johnston	State Rhode Island	<sup>Ztp</sup> 02919
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name			ACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name		
Gilbert Lantini					
Street Address			Street Address		_ <del>_</del>
2075 Plainfield Pike			_		<b>J</b> ≱
City Johnston	State	Zip 00040	City	State	Z <sub>K</sub>
Director Name	Rhode Island	02919	TVmmstru Manu		0
			Director Name		P SS
Street Address			Street Address ?		
City	Jan.	I.a.			ä XX
City	State	Ζip	City	State	<u>س</u> طع
9. SHARES AUTHORIZED	ı	ı	: 10. SHARES ISSUED	 	 (RNT) □
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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.			Number of Shares	Class/Series	Par Value
			100	Common	No Par
This report must be executed	on behalf of the cor	poration by an authorize	d representative. If the	corporation is in the hands o	f a receiver or trustee.
this report must be executed of	on behalf of the corp	oration by the receiver of	or trustee.		a rootion of master,
	<u> </u>		Under penalty of	perjury, I declare and affirm that	I have examined this report
		7	contained herein a	ompanying schedules and staten are true and correct.	nents, and that all statement
File Date	J		15	/	121/12
14M 0 0 20	110		Signature		Date
Check No JAN 26 20	,		Gilbert Lant	ini	
By: 0-161640			Print or Type Name		
ВУ			President		
- CANCERDARI OF SIA	TE OSE ONLY	]	Title		