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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation		
133612	Digipower USA, Incorporated		
3. Principal office address: 79 Secluded Drive	City: Narragansett	State: RI	Zip: 02882
4. Business Phone No.: 401-284-0572	5. State of Incorporation: Rhode Island		

6. Brief description of the character of business conducted in Rhode Island
Digipower USA, Inc. provides general business, sales, and marketing assistance to companies in North America and Europe

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Christopher Catanzaro	79 Secluded Drive	Narragansett	RI	02882

Vice-President Name	Street Address	City	State	Zip
Joseph Loberti	73 Wilbur Hazard Rd	Saunderstown	RI	02874

Secretary Name	Street Address	City	State	Zip
Joseph Loberti	73 Wilbur Hazard Rd	Saunderstown	RI	02882

Treasurer Name	Street Address	City	State	Zip
Christopher Catanzaro	79 Secluded Drive	Narragansett	RI	02882

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

RECEIVED
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SECRETARY OF STATE
CORPORATIONS DIV

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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
~~2000~~ 5000	common	$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.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
APR 06 2012
By

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.

04/04/2012
Signature of Authorized Representative — Date

Christopher Catanzaro
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
75297-2-732123