RI SOS Filing Number: 201291984220 Date: 04/20/2012 4:00 PM

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 2011

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		
49807	KP SYSTEMS & REPAIR, INC		
3. Principal office address: 45 RESERVOIR ROAD	City: COVENTRY	State: RI	Zip: 02816
4. Business Phone No.: 401-263-6552	5. State of Incorporation: RI		
6. Brief description of the character of business conducted in Rhode Island: MANUFACTURE, CREATION, REPAIR OF COMPUTERS			

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

President Name	Vice-President Name
RITPRAKONE PHROMMAVANH	
Street Address: 45 RESERVOIR ROAD	Street Address
City: COVENTRY State: RI Zip: 02816	City State Zip
Secretary Name	Treasurer Name: RITPRAKONE PHROMMAVANH
Street Address	Street Address: 45 RESERVOIR ROAD
City State Zip	City: COVENTRY State: RI Zip: 02816

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

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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
0	0	0

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

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.

FILED
APR 20 2012

4-17-12
Signature of Authorized Representative — Date

RITPRAKONE PHROMMAVANH
Print or Type Name of Authorized Representative

By

Form No. 630
Revised: 01/2012

76294-4-685270

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