



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 2013

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. 55186		2. Exact name of the Corporation Digital Alternatives, Inc		
3. Principal office address 261 Newman Avenue, P.O. Box D		City Rumford	State RI	Zip 02916
4. Business Phone No. (401) 438-3818		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To provide computer system analysis, software consultation and related services.				
7. PRESIDENT (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
President Name W. Charles Doherty		Vice-President Name Benjamin Doherty		
Street Address 261 Newman Avenue		Street Address 261 Newman Avenue		
City Rumford	State RI	Zip 02916	City Rumford	Zip 02916
Secretary Name W. Charles Doherty		Treasurer Name W. Charles Doherty		
Street Address 261 Newman Avenue		Street Address 261 Newman Avenue		
City Rumford	State RI	Zip 02916	City Rumford	Zip 02916
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	Zip
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	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) <input type="checkbox"/>				
NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
50		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.

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

FILED
 JAN 18 2013
 6732

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.

W. Charles Doherty 1-11-2013
 Signature of Authorized Representative Date
W. CHARLES DOHERTY
 Print or Type Name of Authorized Representative