



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. <b>55186</b>		2. Exact name of the Corporation <b>Digital Alternatives, Inc</b>					
3. Principal office address <b>261 Newman Avenue, P.O. Box D</b>		City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>			
4. Business Phone No. <b>(401) 438-3818</b>		5. State of Incorporation <b>Rhode Island</b>					
6. Brief description of the character of business conducted in Rhode Island <b>To provide computer system analysis, software consultation and related services.</b>							
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>							
President Name <b>W. Charles Doherty</b>		Vice-President Name <b>Benjamin Doherty</b>					
Street Address <b>261 Newman Avenue</b>		Street Address <b>261 Newman Avenue</b>					
City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>Rumford</b>	State <b>RI</b>			
Secretary Name <b>W. Charles Doherty</b>		Treasurer Name <b>W. Charles Doherty</b>					
Street Address <b>261 Newman Avenue</b>		Street Address <b>261 Newman Avenue</b>					
City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>Rumford</b>	State <b>RI</b>			
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>							
Director Name		Director Name					
Street Address		Street Address					
City	State	Zip	City	State			
Director Name		Director Name					
Street Address		Street Address					
City	State	Zip	City	State			
<b>9. SHARES AUTHORIZED</b>							
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>							
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
					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

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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 of Authorized Representative

Date

Print or Type Name of Authorized Representative