



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 2014

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. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name W. Charles Doherty			Vice-President Name W. Charles Doherty		
Street Address 261 Newman Avenue			Street Address 261 Newman Avenue,		
City Rumford	State RI	Zip 02916	City Rumford	State RI	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	State RI	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	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 07 2014

BY 6741

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