



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. 487601		2. Exact name of the Corporation COPY DATA SOLUTIONS, INC.			
3. Principal office address 1240 PAWTUCKET AVENUE		City RUMFORD	State RI	Zip 02916	
4. Business Phone No. 401-434-6266		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island COPY MACHINE RENTALS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name JOSEPH T. RYAN			Vice-President Name		
Street Address 1240 PAWTUCKET AVENUE			Street Address		
City RUMFORD	State RI	Zip 02916	City	State	Zip
Secretary Name JOSEPH T. RYAN			Treasurer Name JOSEPH T. RYAN		
Street Address 1240 PAWTUCKET AVENUE			Street Address 1240 PAWTUCKET AVENUE		
City RUMFORD	State RI	Zip 02916	City RUMFORD	State RI	Zip 02916
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name JOSEPH T. RYAN			Director Name		
Street Address 1240 PAWTUCKET AVENUE			Street Address		
City RUMFORD	State RI	Zip 02916	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) ☐		
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
			1000	COMMON	\$0.0100

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.

Joseph T. Ryan
Signature of Authorized Representative

2-21-2014
Date

JOSEPH T. RYAN

Print or Type Name of Authorized Representative

FILED
MAR 03 2014
By 49-218886
A.A. 2:58p.m.

Joseph T. RYAN