



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. 15955		2. Exact name of the Corporation Systems Resource Management, Inc.			
3. Principal office address 42 Valley Road		City Middletown		State RI	Zip 02842
4. Business Phone No. (401) 849-2913		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Management consultant service, computer programming services, engineering services					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Luke Hyder			Vice-President Name		
Street Address 42 Valley Road			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
Secretary Name Otis Sampson			Treasurer Name Otis Sampson		
Street Address 95B Indian Point Road			Street Address 95B Indian Point Road		
City Tiverton	State RI	Zip 02808	City Tiverton	State RI	Zip 02878
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Otis Sampson			Director Name Luke Hyder		
Street Address 95B Indian Point Road			Street Address 42 Valley Road		
City Tiverton	State RI	Zip 02878	City Middletown	State RI	Zip 02842
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
			2,000		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

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

Signature of Authorized Representative

Date

MAR 04 2014 Luke Hyder

Print or Type Name of Authorized Representative