

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. 000505413		2. Exact name of the Corporation PRECISION DOCUMENT SOLUTIONS INC			
3. Principal office address CORP TRUST CTR - 1209 ORANGE STREET			City WILMINGTON	State DE	Zip 19081
4. Business Phone No. 972-512-2116			5. State of Incorporation TX		
6. Brief description of the character of business conducted in Rhode Island TONER CARTRIDGES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name STEVEN R JENKINS			Vice-President Name		
Street Address 3026 BRIARWOOD LANE			Street Address		
City FRISCO	State TX	Zip 75034	City	State	Zip
Secretary Name ROBERT R VEACH, JR.			Treasurer Name		
Street Address 4223 BROOKVIEW DR			Street Address		
City DALLAS	State TX	Zip 75220	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name DAVID A SMITH			Director Name		
Street Address 2500 BEACON CREST			Street Address		
City PLANO	State TX	Zip 75093	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

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

Form No. 630
 Revised: 01/2012

FILED

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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 _____