



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. <b>000024510</b>		2. Exact name of the Corporation <b>Neopost USA, Inc.</b>		
3. Principal office address <b>478 Wheelers Farms Rd</b>		City <b>Milford</b>	State <b>CT</b>	Zip <b>06461</b>
4. Business Phone No. <b>203-301-3578</b>		5. State of Incorporation <b>DE</b>		
6. Brief description of the character of business conducted in Rhode Island <b>sale, lease and service of mail room equipment and postage meters</b>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <b>Dennis P. LeStrange</b>		Vice-President Name <b>Christopher O'Brien</b>		
Street Address <b>478 Wheelers Farms Rd</b>		Street Address <b>478 Wheelers Farms Rd</b>		
City <b>Milford</b>	State <b>CT</b>	Zip <b>06461</b>	City <b>Milford</b>	State <b>CT</b>
Secretary Name <b>Kirk Shankle</b>		Treasurer Name <b>Fabrice Assous</b>		
Street Address <b>478 Wheelers Farms Rd</b>		Street Address <b>478 Wheelers Farms Rd</b>		
City <b>Milford</b>	State <b>CT</b>	Zip <b>06461</b>	City <b>Milford</b>	State <b>CT</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <b>Dennis P. LeStrange</b>		Director Name <b>Christopher O'Brien</b>		
Street Address <b>478 Wheelers Farms Rd</b>		Street Address <b>478 Wheelers Farms Rd</b>		
City <b>Milford</b>	State <b>CT</b>	Zip <b>06461</b>	City <b>Milford</b>	State <b>CT</b>
Director Name <b>Kirk Shankle</b>		Director Name <b>None</b>		
Street Address <b>478 Wheelers Farms Rd</b>		Street Address		
City <b>Milford</b>	State <b>CT</b>	Zip <b>06461</b>	City	State
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
		70,000	STK	.1000

SECRETARY OF STATE  
 CORPORATIONS DIV  
 2014 APR -2 AM 10:03

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**

APR 02 2014

Signature of Authorized Representative

3/25/14  
Date

Print or Type Name of Authorized Representative

By: **49-22460**

**Kirk Shankle**

**A.A. 10:08 Am.**