



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 **2010**

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. 000024510 | | 2. Exact name of the Corporation Neopost USA, Inc. | | |
| 3. Principal office address 478 Wheelers Farms Rd | | City Milford | State CT | Zip 06461 |
| 4. Business Phone No. 203-301-3578 | | 5. State of Incorporation DE | | |
| 6. Brief description of the character of business conducted in Rhode Island sale, lease and service of mail room equipment and postage meters | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| President Name Dennis P. LeStrange | | Vice-President Name Christopher O'Brien | | |
| Street Address 478 Wheelers Farms Rd | | Street Address 478 Wheelers Farms Rd | | |
| City Milford | State CT | Zip 06461 | City Milford | State CT |
| Secretary Name Kirk Shankle | | Treasurer Name Fabrice Assous | | |
| Street Address 478 Wheelers Farms Rd | | Street Address 478 Wheelers Farms Rd | | |
| City Milford | State CT | Zip 06461 | City Milford | State CT |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| Director Name Dennis P. LeStrange | | Director Name Christopher O'Brien | | |
| Street Address 478 Wheelers Farms Rd | | Street Address 478 Wheelers Farms Rd | | |
| City Milford | State CT | Zip 06461 | City Milford | State CT |
| Director Name Joseph Bonassar | | Director Name None | | |
| Street Address 478 Wheelers Farms Rd | | Street Address | | |
| City Milford | State CT | Zip 06461 | City | State |
| 9. SHARES AUTHORIZED | | | | |
| 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. | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | 70,000 | STK | .1000 |

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A.A. 10:04 a.m.

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