



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. 133612		2. Exact name of the Corporation Digipower USA, Incorporated			
3. Principal office address 79 Secluded Drive			City Narragansett	State RI	Zip 02882
4. Business Phone No. 401-284-0572			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Digipower USA, Inc. provides general business, sales, and marketing assistance to companies in North American and Europe					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Christopher Catanzaro			Vice-President Name Joseph Loberti		
Street Address 79 Secluded Drive			Street Address 73 Wilbur Hazard Rd		
City Narragansett	State RI	Zip 02882	City Saunderstown	State RI	Zip 02874
Secretary Name Joseph Loberti			Treasurer Name Christopher Catanzaro		
Street Address 73 Wilbur Hazard Rd			Street Address 79 Secluded Drive		
City Saunderstown	State RI	Zip 02874	City Narragansett	State RI	Zip 02882
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	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) <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	
5000		common		\$1.00	

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 CORPORATIONS DIV

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: _____

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: **Christopher J Catanzaro**
 Date: **05/28/2014**

FOR SECRETARY OF STATE USE ONLY

JUN 02 2014

Print or Type Name of Authorized Representative

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