



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 2015**

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>15955</b>		2. Exact name of the Corporation <b>Systems Resource Management, Inc.</b>			
3. Principal office address <b>42 Valley Road</b>			City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
4. Business Phone No. <b>(401) 849-2913</b>			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Management consultant service, computer programming services, engineering services</b>					
<b>President Name</b> <b>Luke Hyder</b>					
<b>Vice-President Name</b>					
<b>Street Address</b> <b>42 Valley Road</b>					
<b>City</b> <b>Middletown</b>		<b>State</b> <b>RI</b>	<b>Zip</b> <b>02842</b>		
<b>Secretary Name</b> <b>Otis Sampson</b>					
<b>Treasurer Name</b> <b>Otis Sampson</b>					
<b>Street Address</b> <b>95B Indian Point Road</b>					
<b>City</b> <b>Tiverton</b>		<b>State</b> <b>RI</b>	<b>Zip</b> <b>02808</b>		
<b>Director Name</b> <b>Otis Sampson</b>					
<b>Director Name</b> <b>Luke Hyder</b>					
<b>Street Address</b> <b>95B Indian Point Road</b>					
<b>City</b> <b>Tiverton</b>		<b>State</b> <b>RI</b>	<b>Zip</b> <b>02808</b>		
<b>Street Address</b> <b>42 Valley Road</b>					
<b>City</b> <b>Middletown</b>		<b>State</b> <b>RI</b>	<b>Zip</b> <b>02842</b>		
<b>Director Name</b>					
<b>Street Address</b>					
<b>City</b>		<b>State</b>	<b>Zip</b>		
<b>8. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b>		
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.

FILED

MAR 26 2015

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

By 2359

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

Luke Hyder

Print or Type Name of Authorized Representative

2/12/15  
Date