



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

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

MAR 26 2015

By 2359

Signature of Authorized Representative

Luke Hyder

Print or Type Name of Authorized Representative

2/12/15
Date