



**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>143634</b>		2. Exact name of the Corporation <b>OCE BUSINESS SERVICES, INC.</b>			
3. Principal office address <b>460 WEST 34TH STREET</b>			City <b>NEW YORK</b>	State <b>NY</b>	Zip <b>10001</b>
4. Business Phone No. <b>2125022100</b>			5. State of Incorporation <b>DE</b>		
6. Brief description of the character of business conducted in Rhode Island <b>DOCUMENT PROCESS MANAGEMENT</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name			Director Name		
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
			100	CWP	\$1

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2015 JUL 13 AM 10:46

*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

**FILED**  
**JUL 13 2015**  
 By **252680**  
**10:49 Am**

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]*  
 Signature of Authorized Representative

07/08/2015

Date

**STEPHEN D. MACKAY**  
 Print or Type Name of Authorized Representative

**OCE BUSINESS SERVICES, INC.**  
**FOR YEAR 2014**

**LIST OF OFFICERS**

PRESIDENT & CEO	JOSEPH R. MARCIANO	460 WEST 34TH STREET NEW YORK, NY 10001
VICE PRESIDENT	WALTER BARANSKY	460 WEST 34TH STREET NEW YORK, NY 10001
CFO	STEPHEN D. MACKAY	460 WEST 34TH STREET NEW YORK, NY 10001
SECRETARY	MICHAEL SCORDINO	460 WEST 34TH STREET NEW YORK, NY 10001

**LIST OF DIRECTORS**

CHAIRMAN & DIRECTOR	YOROKU ADACHI	ONE CANON PARK, MELVILLE, NY 11747
DIRECTOR	SEYMOUR LIEBMAN	ONE CANON PARK, MELVILLE, NY 11747
DIRECTOR	KUNIHICO TEDO	ONE CANON PARK, MELVILLE, NY 11747
DIRECTOR	SATOSHI NAGATA	ONE CANON PARK, MELVILLE, NY 11747
DIRECTOR	WALTER BARANSKY	460 WEST 34TH STREET NEW YORK, NY 10001
DIRECTOR	JOSEPH MARCIANO	460 WEST 34TH STREET NEW YORK, NY 10001