



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** 2016

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.<br><b>810938</b>  |                    | 2. Exact name of the Corporation<br><b>SDDS Holdings, Inc.</b>      |                       |                     |
| 3. Principal office address<br><b>1520 Broadmoor Blvd., Suite A</b>  |                    | City<br><b>Buford</b>   | State<br><b>GA</b>    | Zip<br><b>30518</b> |
| 4. Business Phone No.<br><b>(770)932-8886</b>  |                    | 5. State of Incorporation<br><b>Georgia</b>                         |                       |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Distribution of Telephone Directories</b>                                |                    |   |                       |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |   |                       |                     |
| President Name<br><b>Michael Gibson</b>  |                    | Vice-President Name<br><b>T. Scott Power</b>                        |                       |                     |
| Street Address<br><b>1520 Broadmoor Blvd., Suite A</b>   |                    | Street Address<br><b>1520 Broadmoor Blvd., Suite A</b>              |                       |                     |
| City<br><b>Buford</b>  | State<br><b>GA</b> | Zip<br><b>30518</b>   | City<br><b>Buford</b> | State<br><b>GA</b>  |
| Secretary Name   |                    | Treasurer Name  |                       |                     |
| Street Address   |                    | Street Address  |                       |                     |
| City   | State              | Zip   | City                  | State               |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |   |                       |                     |
| Director Name<br><b>Michael Gibson</b>   |                    | Director Name<br><b>T. Scott Power</b>                              |                       |                     |
| Street Address<br><b>1520 Broadmoor Blvd., Suite A</b>   |                    | Street Address<br><b>1520 Broadmoor Blvd., Suite A</b>              |                       |                     |
| City<br><b>Buford</b>  | State<br><b>GA</b> | Zip<br><b>30518</b>   | City<br><b>Buford</b> | State<br><b>GA</b>  |
| Director Name  |                    | Director Name   |                       |                     |
| Street Address   |                    | Street Address  |                       |                     |
| City   | State              | Zip   | City                  | State               |
| 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           |
|  |                    | <b>1,000,000</b>  | <b>Common</b>         | <b>No Par</b>       |

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**

JAN 11 2016

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.

*Steve Bernhardt*  
 Signature of Authorized Representative

**1-5-2016**  
 Date

**Steve Bernhardt**  
 Print or Type Name of Authorized Representative

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