



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. 81968		2. Exact name of the Corporation POINT JUDITH ELECTRONIC SERVICES, INC.			
3. Principal office address 330 GREAT ISLAND ROAD			City NARRAGANSETT	State RI	Zip 02882
4. Business Phone No. 401-792-8120			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island TO SELL AND REPAIR ELECTRONIC EQUIPMENT AND DEVICES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name BARRY BARRETT			Vice-President Name DAWN BARRETT		
Street Address 36 GENTRY CIRCLE			Street Address 36 GENTRY CIRCLE		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
Secretary Name DAWN BARRETT			Treasurer Name BARRY BARRETT		
Street Address 36 GENTRY CIRCLE			Street Address 36 GENTRY CIRCLE		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name BARRY BARRETT			Director Name DAWN BARRETT		
Street Address 36 GENTRY CIRCLE			Street Address 36 GENTRY CIRCLE		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
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
			NONE		

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 21 2016

HL 22934

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] 01/15/2016
 Signature of Authorized Representative Date

BARRY BARRETT
 Print or Type Name of Authorized Representative