



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. 144162		2. Exact name of the Corporation ProPayPlus, Inc.			
3. Principal office address 217 Woonsocket Hill Road		City North Smithfield		State RI	Zip 02896
4. Business Phone No. 401-286-4680		5. State of Incorporation Delaware			
6. Brief description of the character of business conducted in Rhode Island Payroll and accounting services.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Claire Boudreault			Vice-President Name Serge Boudreault		
Street Address 217 Woonsocket Hill Road			Street Address 217 Woonsocket Hill Road		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
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 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.					

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

FEB 01 2016

210591

AA

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.

Claire Boudreault
Signature of Authorized Representative Date

Claire Boudreault, JPresident

Print or Type Name of Authorized Representative