



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016**

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 109713		2. Name of Corporation INTEGRATED MANAGEMENT SOLUTIONS, INC.			
3. Street Address Principal Business Office P.O. Box 52			City Jamestown	State RI	Zip 02835
4. Business Phone No. 401-423-3216		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To provide management, technical support services & technology advice for defense & gaming industries					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph Drago III			Vice President Name		
Street Address 44 Walcott Avenue			Street Address		
City Jamestown	State RI	Zip 02835	City	State	Zip
Secretary Name Joseph Drago III			Treasurer Name Joseph Drago III		
Street Address 44 Walcott Avenue			Street Address 44 Walcott Avenue		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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.			ISSUED SHARES -- THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			100	Class A Common	No Par
	900	Class B Common	No Par		

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**

FEB 15 2016

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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  
Joseph Drago III

Print or Type Name

President

Title

Date

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_

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