



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. 42529		2. Exact name of the Corporation INFORM BUSINESS SYSTEMS, INC.		
3. Principal office address 405 KILVERT ST., SUITE C		City WARWICK	State RI	Zip 02886
4. Business Phone No. 401-732-0030		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island BUSINESS FORMS DISTRIBUTOR				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name JOHN T. FARIA		Vice-President Name SAME AS PRESIDENT		
Street Address 68 WINDERMERE WAY		Street Address		
City WARWICK	State RI	Zip 02886	City	State
Secretary Name ELIZABETH A. FARIA		Treasurer Name SAME AS PRESIDENT		
Street Address 68 WINDERMERE WAY		Street Address		
City WARWICK	State RI	Zip 02886	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name JOHN T. FARIA		Director Name NONE		
Street Address 68 WINDERMERE WAY		Street Address		
City WARWICK	State RI	Zip 02886	City	State
Director Name NONE		Director Name NONE		
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
		500	COMMON	0 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
FEB 16 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.

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative