



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. 102061		2. Exact name of the Corporation Business Systems of New England, Inc.			
3. Principal office address 81 Broad Street		City Cumberland	State RI	Zip 02864-8370	
4. Business Phone No. (401) 723-8991		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To engage in retail sales and maintenance of business machines and office equipment.					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT</b>					
President Name Gregory P. Derosier			Vice-President Name None		
Street Address 835 Plainfield Pike			Street Address		
City North Scituate	State RI	Zip 02857-1714	City	State	Zip
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT</b>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED (X) BOX FOR ATTACHMENT</b>		
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. 200 Common No Par Value			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	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.

File Date  
Check No  
BY  
FOR SECRETARY OF STATE USE ONLY

**FILED**

FEB 16 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.

*Gregory P. Derosier* 2/11/16  
Signature of Authorized Representative Date

Gregory P. Derosier

Print or Type Name of Authorized Representative