



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. <b>67328</b>		2. Exact name of the Corporation <b>AUTOMATED BUSINESS MACHINES, INC.</b>			
3. Principal office address <b>415 Kilvert Street</b>		City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	
4. Business Phone No. <b>401-732-3000</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>To Sell, Repair and distribute office equipment, supplies and machines</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Alan Albergaria</b>		Vice-President Name <b>Robert Maceroni</b>			
Street Address <b>16 Long View Court</b>		Street Address <b>48 Pinewood Drive</b>			
City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02822</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>Robert Maceroni</b>		Treasurer Name <b>Alan Albergaria</b>			
Street Address <b>48 Pinewood Drive</b>		Street Address <b>16 Long View Court</b>			
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02822</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Alan Albergaria</b>		Director Name <b>Robert Maceroni</b>			
Street Address <b>16 Long View Court</b>		Street Address <b>48 Pinewood Drive</b>			
City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02822</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
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	
		2000	common	No Par Value	
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					

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 22 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

**Alan Albergaria-President**

Print or Type Name of Authorized Representative

By KL 47373