



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **19600** 2. Name of Corporation **INFOKUS, CORP.**
3. Street Address Principal Business Office
191 Boston Neck Road
4. Business Phone No. **401-831-0200** 5. State of Incorporation **RHODE ISLAND**

City **Narragansett** State **RI** Zip **02882**
6. SIC Code **7856**

7. Brief Description of the Character of Business Conducted in Rhode Island
Photography

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Jodie Sinclair**
Street Address
77 Pond Avenue, Apt. 707
City **Brookline** State **MA** Zip **02146**

Vice President Name **Rosalyn K. Sinclair**
Street Address
101 Boston Neck Road
City **Narragansett** State **RI** Zip **02882**

Secretary Name **Jodie Sinclair**
Street Address
Same as above
City _____ State _____ Zip _____

Treasurer Name **Alan M. Gilstein**
Street Address
144 Westminster Street
City **Providence** State **RI** Zip **02903**

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **Jodie Sinclair**
Street Address
Same as above
City _____ State _____ Zip _____

Director Name _____
Street Address _____
City _____ State _____ Zip _____

Director Name _____
Street Address _____
City _____ State _____ Zip _____

Director Name _____
Street Address _____
City _____ State _____ Zip _____

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares **500 NO PAR VALUE** Class/Series _____ Par Value _____

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares **100** Class/Series **Common** Par Value **No Par**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 9 6 0 0 *

FILED

File Date: _____

FEB 04 2002

Check No.: _____

By **CC 163506**

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Jodie Sinclair 1/3/02
Signature of Officer Date

Jodie Sinclair
Print or Type Name of Officer

President
Title of Officer