



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECORDED  
SECRETARY OF STATE  
CORPORATIONS DIV

2016 JUL -8 PM 1:12

Annual Report for the year: 2016

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>962189</b>		2. Exact name of the Corporation <b>CRMS, Inc.</b>			
3. Principal Office Address <b>575 Taunton Avenue</b>			City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
4. Business Phone Number <b>508-947-8854</b>			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Retail sales business of mobile devices and related services and accessories</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Raymond Leung</b>			Vice-President Name		
Street Address <b>46 Millers Brook Drive</b>			Street Address		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
Secretary Name <b>Chi Dung Ly</b>			Treasurer Name <b>Syed K. Abbas</b>		
Street Address <b>10 Patriot Street</b>			Street Address <b>33 Whitehall Way</b>		
City <b>Attleboro</b>	State <b>MA</b>	Zip <b>02703</b>	City <b>Bellingham</b>	State <b>MA</b>	Zip <b>02019</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>800</b>	<b>COMMON</b>	<b>.01</b>	
11. 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. <b>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.</b>					
Name of Authorized Representative <b>Raymond Leung, President</b>				Date <b>07/08/2016</b>	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

FILED

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BY 278578  
 FORM 630 - Revised: 05/2016