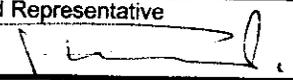




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2017**  
**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>152157</b>		2. Exact name of the Corporation <b>D &amp; C COMPUTERS INC.</b>			
3. Principal Office Address <b>57 HUNTER CROSSING DRIVE</b>		City <b>COVENTRY</b>		State <b>RI</b>	Zip <b>02816</b>
4. NAICS Code <b>54 - Professional, Scientific,</b>		6. Brief description of the character of business conducted in Rhode Island <b>COMPUTER SERVICE AND SALES</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
President Name <b>PHONEPRASEUTH PHROMMAVANH</b>			Vice-President Name		
Street Address <b>57 HUNTER CROSSING DRIVE</b>			Street Address		
City <b>COVENTRY</b>		State <b>RI</b>	Zip <b>02816</b>	City	
Secretary Name			Treasurer Name <b>PHONEPRASEUTH PHROMMAVANH</b>		
Street Address			Street Address <b>57 HUNTER CROSSING DRIVE</b>		
City		State	Zip	City <b>COVENTRY</b>	
				State <b>RI</b>	
				Zip <b>02816</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
				State	
				Zip	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
				State	
				Zip	
9. Shares Authorized					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES	
Changes require an additional filing.		<b>100</b>		<b>COMMON</b>	
				<b>NO PAR</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>PHONEPRASEUTH PHROMMAVANH</b>				Date <b>1-13-17</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** 

**JAN 17 2017**

BY 2628