



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

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

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