



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 000487601		2. Exact name of the Corporation COPY DATA SOLUTIONS, INC.			
3. Principal Office Address 200 ROGER WILLIAMS AVENUE, APT. #407		City EAST PROVIDENCE		State RI	Zip 02916
4. NAICS Code 53 - Real Estate and Rental anc	6. Brief description of the character of business conducted in Rhode Island COPY MACHINE RENTALS				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOSEPH T. RYAN			Vice-President Name		
Street Address 200 ROGER WILLIAMS AVENUE, APT #407			Street Address		
City EAST PROVIDENCE	State RI	Zip 02916	City	State	Zip
Secretary Name JOSEPH T. RYAN			Treasurer Name JOSEPH T. RYAN		
Street Address 200 ROGER WILLIAMS AVENUE, APT #407			Street Address 200 ROGER WILLIAMS AVENUE, APT #407		
City EAST PROVIDENCE	State RI	Zip 02916	City EAST PROVIDENCE	State RI	Zip 02916
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOSEPH T. RYAN			Director Name		
Street Address 200 ROGER WILLIAMS AVENUE, APT #407			Street Address		
City EAST PROVIDENCE	State RI	Zip 02916	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 1000	CLASS/SERIES COMMON	PAR VALUE NO PAR VALUE
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.					
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.					
Name of Authorized Representative JOSEPH T. RYAN			Date 1-16-2017		
Signature of Authorized Representative <i>Joseph T. Ryan, President</i>			BY FILED		

JAN 19 2017

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