



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

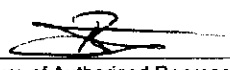
Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 98425		2. Exact name of the Corporation First Resource Computer, Inc.			
3. Principal office address 590 Reservoir Avenue		City Cranston	State RI	Zip 02910	
4. Business Phone No. 401-941-2500		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Manufacture and sale of computer and related components.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Bin Rao		Vice-President Name Robert Watts			
Street Address 590 Reservoir Avenue		Street Address 590 Reservoir Avenue			
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Bin Rao		Treasurer Name Bin Rao			
Street Address 590 Reservoir Avenue		Street Address 590 Reservoir Avenue			
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Bin Rao		Director Name			
Street Address 590 Reservoir Avenue		Street Address			
City Cranston	State RI	Zip 02910	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		200	COMMON	NONE	

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.

File Date _____
Check No. _____
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.


Signature of Authorized Representative
Bin Rao, President
Date **1/26/17**
Print or Type Name of Authorized Representative

FILED
FEB 13 2017

BY 3697 DS