



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>18699</b>		2. Exact name of the Corporation <b>ISAM CORPORATION</b>			
3. Principal Office Address <b>2224 PAWTUCKET AVENUE</b>			City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>
4. NAICS Code <b>81 - Other Services (except Pul</b>		6. Brief description of the character of business conducted in Rhode Island <b>PURCHASE AND SALES AT WHOLESALE AND RETAIL AND REPAIR OF OFFICE AUTOMATION EQUIPMENT</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>MARK S. COHEN</b>			Vice-President Name		
Street Address <b>2224 PAWTUCKET AVENUE</b>			Street Address		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City	State	Zip
Secretary Name <b>PETER A. WHEALTON</b>			Treasurer Name <b>PETER A. WHEALTON</b>		
Street Address <b>2224 PAWTUCKET AVENUE</b>			Street Address <b>2224 PAWTUCKET AVENUE</b>		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</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 <b>MARK S. COHEN</b>			Director Name <b>PETER A. WHEALTON</b>		
Street Address <b>2224 PAWTUCKET AVENUE</b>			Street Address <b>2224 PAWTUCKET AVENUE</b>		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>
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.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
			<b>8,000</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. <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 <b>PETER A. WHEALTON</b>					Date
Signature of Authorized Representative					<b>FILED</b>

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**  
 FEB 21 2017  
 BY 54899  
 FORM 630 - Revised: 10/2016

**ISAM CORPORATION #18699**

**2017 Annual Report**

ID 18699

7. Officers (cont'd)

Peter A. Whealton  
Chairman  
2224 Pawtucket Avenue  
East Providence, RI 02914

Mark S. Cohen  
Chief Executive Officer  
2224 Pawtucket Avenue  
East Providence, RI 02914

**FILED**  
**FEB 21 2017**  
BY \_\_\_\_\_  
*[Signature]*