



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>67328</b>		2. Exact name of the Corporation <b>AUTOMATED BUSINESS MACHINES, INC.</b>			
3. Principal Office Address <b>415 KILVERT STREET</b>			City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>
4. NAICS Code <b>44-45 - Retail Trade</b>		6. Brief description of the character of business conducted in Rhode Island <b>SELL, REPAIR, DISTRIBUTE AND INSTALL OFFICE EQUIPMENT, SUPPLIES AND INFORMATION TECHNOLOGY</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>ALAN ALBERGARIA</b>			Vice-President Name <b>ROBERT C. MACERONI</b>		
Street Address <b>415 KILVERT STREET</b>			Street Address <b>415 KILVERT STREET</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>
Secretary Name <b>ROBERT MACERONI</b>			Treasurer Name <b>ALAN ALBERGARIA</b>		
Street Address <b>415 KILVERT STREET</b>			Street Address <b>415 KILVERT STREET</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</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>ALAN ALBERGARIA</b>			Director Name <b>ROBERT MACERONI</b>		
Street Address <b>415 KILVERT STREET</b>			Street Address <b>415 KILVERT STREET</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</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
			2000		CNP
			PAR VALUE		0.00
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>ALAN ALBERGARIA</b>					Date <b>3-27-17</b>
Signature of Authorized Representative 					

**FILED**  
SIGN DOCUMENT HERE

**MAR 31 2017**

By 299852  
A.H.