



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

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govFILED
MAR 31 2017
By 299852
A.A.