



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMPFOR
FILING IN THE STATE
USE ONLY

1. Entity ID Number 000015955		2. Exact name of the Corporation Systems Resource Management, Inc.									
3. Principal Office Address 42 Valley Road			City Middletown	State RI	Zip 02842						
4. NAICS Code 541511		6. Brief description of the character of business conducted in Rhode Island Management consultant service, computer programming services, engineering services									
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 Luke Hyder			Vice-President Name								
Street Address 42 Valley Road			Street Address								
City Middletown	State RI	Zip 02842	City	State	Zip						
Secretary Name Otis Sampson			Treasurer Name Otis Sampson								
Street Address 95B Indian Point Road			Street Address 95B Indian Point Road								
City Tiverton	State RI	Zip 02808	City Tiverton	State RI	Zip 02808						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name Otis Sampson			Director Name Lyke Hyder								
Street Address 95B Indian Point Road			Street Address 42 Valley Road								
City Tiverton	State RI	Zip 02808	City Middletown	State RI	Zip 02842						
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"/>								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>2,000</td> <td></td> <td>no par value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	2,000		no par value
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2,000		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 Luke Hyder					Date 1/11/18						
Signature of Authorized Representative <i>Luke Hyder</i> 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.gov

BY

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FORM 630 - Revised: 10/2017