



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

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.

1. Entity ID Number 42404		2. Exact name of the Corporation CITY /STATE COMPUTER SERVICE, INC.			
3. Principal Office Address 10 DORRANCE STREET, SUITE 620		City PROVIDENCE	State RI	Zip 02903	
4. NAICS Code 54 1990		6. Brief description of the character of business conducted in Rhode Island COMPUTER PROGRAMMING, PROCESSING, DATE PREPARATION AND RELATED 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 ASHLEY E. ODESS		Vice-President Name ASHLEY E. ODESS			
Street Address 10 DORRANCE STREET, SUITE 620		Street Address 10 DORRANCE STREET, SUITE 620			
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Secretary Name ASHLEY E. ODESS		Treasurer Name ASHLEY E. ODESS			
Street Address 10 DORRANCE STREET, SUITE 620		Street Address 10 DORRANCE STREET, SUITE 620			
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ASHLEY E. ODESS		Director Name			
Street Address 10 DORANCE STREET, SUITE 620		Street Address			
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		NONE			
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 ASHLEY E. ODESS					Date 02/15/2018
Signature of Authorized Representative <i>ASHLEY E. ODESS</i>					FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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