RI SOS Filing Number: 201860310870 Date: 3/15/2018 4:00:00 PM

(B)	

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	5.00 fee if form is no	ot filed by April 1.			_			
1. Entity ID Number		2. Exact name of the Corporation						
98425	FIRST RESC	FIRST RESOURCE COMPUTER, INC.						
Principal Office Address			City		State	Zip		
590 Reservoir Avenue			Cranston		RI	02910		
4. NAICS Code	Brief descr	Brief description of the character of business conducted in Rhode Island						
r - 541490 · · · · · ·	Repair and	Repair and sale of computer and related components.						
5. State of Incorporation		ヿ						
Rhode Island								
7. List ALL officers (names ar	nd addresses)				the box to i	ndicate an attachment		
President Name Bin Rao			Vice-President Name Robert Watts					
Street Address 590 Reservoir Avenue			Street Address 590 Reservoir Avenue					
City Cranston	State RI	^{Zip} 02910	City Cranston		State RI	^{Zip} 02910		
Secretary Name Bin Rao			Treasurer Name Bin Rao					
Street Address 590 Reservoir Avenue			Street Address 590 Reservoir Avenue					
City Cranston	State RI	Zip 02910	City Cranston		State RI	^{Zip} 02910		
8. List ALL directors (names a	and addresses)			Check	the box to i	indicate an attachment		
Director Name Bin Rao			Director Name	:				
Street Address 590 Reservoir Avenue			Street Address					
City Cranston	State RI	Zip 02910	City		State	Zip		
Director Name	Director Name					•		
Street Address			Sircet Address					
City	State	Ζιρ	City	City		Zıp		
9. Shares Authorized		10. Shares Iss	sued	Check	the box to i	ndicate an attachment 🔲		
This information is currently of record in the Department of State.			NUMBER OF SHARES		S	PAR VALUE		
Changes require an additional filling.		200		COMMON		NONE		
	•							
11. This report must be execu					oration is in	the hands of a receiver or		
trustee, this report must be ex Under penalty of perjury, I de					nonvina c	chodules and		
statements, and that all sta	tements contained			g arry accor				
Name of Authorized Represe Bin Rao, President	ntative				Date	1/28/18		
Signature of Authorized Repr	esentative			man for the		1-0-1-1		
	2	SIGN DO	CUMENT HERE	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



FORM 630 - Revised: 02/2017

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