



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.

1 Entity ID Number 97879		2 Exact name of the Corporation WHITECAP COMPUTER SYSTEMS, INC.			
3 Principal Office Address 11 SOUTH ANGELL STREET, #346			City PROVIDENCE	State RI	Zip 02906
4. NAICS Code 54 1512		6. Brief description of the character of business conducted in Rhode Island COMPUTER AND ELECTRONIC DESIGN			
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 STEPHEN KERTESZ			Vice-President Name SAME		
Street Address 11 SOUTH ANGELL STREET, #346			Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name STEPHEN KERTESZ			Director Name		
Street Address 11 SOUTH ANGELL STREET, #346			Street Address		
City PROVIDENCE	State RI	Zip 02906	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		
			100	COMMON	NPV
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 STEPHEN KERTESZ				Date 01/27/2018	
Signature of Authorized Representative <i>Stephen T. Kertesz</i>					

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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