

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

| Filing Period: January 1 - | | ing Fee: \$50.00 | | | |
|--|-------------------------------|--|--|---|--|
| (FORM MUST BE TYPED IN B | | | ······································ | **** | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| 1. Corporate ID No. 58209 | 2. Name of Corpora | mon SALES, SERVICE & S | THE PLANT | | |
| | | SALES, SERVIUE & S | SUPPLI, INC. | ************************************* | · · · · · · · · · · · · · · · · · · · |
| 3. Street Address Principal Busin | ess Office | | City | State | Zip |
| 76 East Street | ***************************** | | Pawtucket | RI | 02860 |
| 4. Business Phone No. | | 5. State of Incorporation | | , | 6 SIC Code |
| 401-728-6670 | | RHODE ISLAND | ···· | | 5884 |
| 7. Brief Description of the Chara SALES, SERVICE & SUF | PLIES OF COPI | ers, computers, pri | INTERS & BUSINESS MA | CHINES AND ANY O | THER LAWFUL |
| RIGANESANDADDRIES President Name | KAOLEKOPOIEU | CDIS AND COMPOSITOR | CENERATO LI TELL IN SUA Uce President Name | ets depondusingat | ixciiwiats . |
| Janu Memon | | | Joseph V. Gilio, | Jr. | |
| Street Address | | ······································ | Sirec: Address | ······································ | |
| same as above | | | . same as above | | |
| City | State | {Zip | City | State | Zíp |
| · | • | } | , | | |
| Secrétary Name | | | Tréasurer Name (' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | | |
| Noorjahan Memon | | | Janu Memon | | |
| Street Address | ············· | · · · · · · · · · · · · · · · · · · · | 'Street Address | | ·/···· |
| same as above | | | same as above | | |
| City | State | Zip | City | State | Zip |
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| Director Name | | | Director Name | Recognition and an analysis | tasophinits |
| Janu Memon | | | Joseph V. Gilio, | .Tr | |
| Street Address | ···· | | Sirect Address | | ······ |
| same as above | | | | | |
| | 10 | 194 | same as above | *************************************** | · |
| City | State | Zip | City | State | Zip |
| Director Name | 1, | | Director Name | | |
| Street Address | | • | ·Street Address | | |
| City | State | 21p | Elby | State | Z(p |
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| 1,000 COMM NO PAR V | ALUE | | 100 | Common | No Par Value |
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| This report must be signed | l in Ink by either | the President, Vice Pre | sident, Secretary, Assista | ant Secretary, Treasur | er, Receiver or Trustee |
| #1 #4(#1 #4(# 14#)) | NUM (N) | | | | |
| <u> </u> | | | | | |
| 5 8 2 | 0 9 | | Under penalty of perju | ry, I declare and affirm th | at I have examined |
| | | . ± | this report, including a | ny accompanying schedu | les and statements, |
| | | (2) P | and that all statements | contained herein are true | and correct. |
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| File Date | | NA NA | There ? | 2 geren | 1-14-05 |
| | 2 | | Snature of Officer | De | ile |
| Check No. | | | Janu Memon | | |
| | On | \$65 53 | Print or Type Name of O | (ficer | |
| By: | VM. | K 7 | — | - | |
| FOR SECRETARY OF STATE | USE ONLY | | A-13- | · · · · · · · · · · · · · · · · · · · | |
| | CARLON CONTRACTOR | 0.52 | Title of Officer | | Form 630 12/01 |



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown; Secretary of State

| PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR | 2004 |
|---|---------|
| ROTT CORTORATION ANNUAL REPORT FOR THE TEAR | <u></u> |

Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 58209 A-1 COPIER, SALES, SERVICE & SUPPLY, INC 3. Street Address Principal Business Office State 76 East Street Pawtucket 31 02860 4. Business Phone No. 5. State of incorporation 401-728-6670 5884 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island SALES, SERVICE & SUPPLIES OF COPIERS, COMPUTERS, PRINTERS & BUSINESS MACHINES, and any other lawful busi-8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS " ESS" President Name Vice President Name Janu Memon Joseph V. Gilio, Jr. Street Address Street Address same as above same as above City State Zip State Zip Secretary Name Treasurer Name Noorjahan Memon Janu Memon Street Address Street Address same as above same as above State Ζір 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Janu Memon Joseph V. Gilio, Jr. Street Address Street Address same as above " same as above Zip State Director Name Director Name Street Address Street Address Cur Zφ City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Scries Par Value 1,000 COMM NO PAR VALUE 100 Common Nb Par Value This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. File Date Signature of Officer APR 26 2004 Check No. Janu Memon Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer Form 630 Rev. 12/03



Mathew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

| PROFIT CORPO | ORATION AN | NUAL REPO | RT FOR THE | E YEAR 2003 | |
|---|---|--|---|--|--|
| (FORM MUST BE TYPED IN E | | , 1 227 030.00 | | | |
| 1. Corporate ID No. *58209* | 2. Nume of Corporation A-1 COPIER, Sa | , ALES, SERVICE & S | SUPPLY, INC. | | |
| 3. Street Address Principal Busin 76 EAST STREET | ness Office | | City | State RI | : <i>Żip</i> : 02860 |
| 4. Business Phone No. 4017286670 | | 5. State of Incorporation RHODE ISLAND | . 3 | | 6. SIC Code 5884 |
| 7 Brief Description of the Chur. SALES, SERVICE & SU | ucter of Business Conducte PPLIES OF COPIER | 1 | INTERS & BUSINES | S MACHINES. | |
| 8. NAMES AND ADDRES | | | | | TTACHMENTS |
| President Name | was twictiment transfer of th | a na an air an an an an an an an an air | Vice President Nume | in the state of th | |
| Janu Memon | | | Joseph V. Gil | lio, Jr. | |
| Street Address | | | Street Address | A MARTIN CONT. A MARTIN CONT. CONT. CO. | Mark Mark and Art and |
| Same as above | | | Same as above | 9 | |
| City | State | Zip | City | State | Zip |
| Secretary Name | | Barbara Landa Barbara | manada w dan ee | ing the second of the second o | ± |
| Noorjahan Memon | | | Treasurer Nume Janu Memon | | · |
| Street Address | * | The state of the s | Street Address | | |
| Same as above | | | Same as above | ! | |
| City | State | Zip | City | State | Zip |
| 9. NAMES AND ADDRES | SES OF THE DIRECT | TORS ("X"BOX FOR AT | TACHMENT) TRULL | in spaces before using | PATTACHMENTS |
| Janu Memon | | | | | |
| | | | Joseph V. Gil | 110, Jr. | |
| Street Address | | | Street Address | | |
| Same as above | | | Same as above | <u> </u> | |
| City | State | Zip | City | State | 7.ip |
| Director Name | | | Director Nume | | + + ± ± |
| Noorjahan Memon | | | | | |
| Street Address | * * * | A SEA COLOR OF THE PROPERTY OF | Street Address | | |
| Same as above | | | • | | |
| City | State | Zip | City | State | Żip' |
| 10. SHARES AUTHORIZI | ED ("X" BOX FOR ATT | ACHMENT) [] | 11. SHARES ISSUED | ("X" BOX FOR ATTACUME | |
| AUTHORIZED SHARES | The second of the second of the | use is a sale temperature i | ISSUED SHARES | William Committee and Committe | Ministra de la composición del composición de la composición de la composición de la composición de la composición del composición de la c |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 1,000 COMM NO PAR | VALUE | | 100 | common | no par value |
| | | | | | no par varue |
| | | full or a little | | | |
| This report must be signe | d in ink by either th | e President, Vice Pre | sident, Secretary, As | ssistant Secretary. Treas | urer Receiver or Trustee |
| | • | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , c. c. | The state of the s |
| | | APR 24 2003 | | | |
| | [[] | 71 N & T 2000 | | | |
| | | By CMC | | | • |
| * 5 8 | 2 0 9 + | | Under penalty of | perjury, I declare and affirm | that I have examined |
| *58209 DBC1/31/0310 | 14.25 ANAR | 7 317612 | this report, includ | fing any accompanying scho nents contained herein are to | dules and statements, |
| File Date | . 1 1:35 AIVI | | 17 | | |
| | | | Signature of Office | - n. ne 2. | / \$-0 . Date |
| Check No. | | | Janu Men | | |
| B <u>v:</u> | | | Print or Type Name | | |
| FOR SECRETARY OF STATE | USE ONLY | | Title of Officer | TANU | ME/NO/V Form 630 12/01 |

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00



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|----|------|-------|----|-----|--|--|
| I. | Corp | orate | ID | No. | | |

2. Name of Corporation

58209

A-1 COPIER, SALES, SERVICE & SUPPLY, INC.

3. Street Address Principal Business Office

State

Zip

76 EAST STREET

19 RAYMOND STREET

PAWTUCKET,

RI

02860

4. Business Phone No.

5. State of Incorporation

6. SIC Code

401-728-6670

RHODE ISLAND

5884

7. Brief Description of the Character of Business Conducted in Rhode Island

| | RETAIL | SALES | OF | COPIERS | AND | SERVICE |
|--|--------|-------|----|---------|-----|---------|
|--|--------|-------|----|---------|-----|---------|

8. NAMES AND ADDRESSES OF THE OFFICERS (*X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Street Address

JANU MEMON

Vice President Name NOORJAHAN MEMON

Street Address

19 RAYMOND

Zip

LINCOLN,

RΙ

02865

City LINCOLN,

RI

02865

Secretary Name

Street Address

Street Address

Treasurer Name

City

State

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

JANU N. MEMON

Street Address

Director Name

Street Address

19 RAYMOND STREET

LINCOLN,

RI

ZIp

02865

19 RAYMOND STREET

NOORJAHAN MEMON

LINCOLN,

RI

02865

Director Name

Street Address

State

7.10

Clty

State

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

210

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares 1,000 COMM NO PAR VALUE

Class/Series

Par Value

ESTUFED SHARES Number of Shares

Class/Series

Par Value

None.

This report must be sigued in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY



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,

Title of Office **⇔** 5

Form 630 12/01

Corporations Divisi 100 North Main Street, Providence, RI 02903-133 401-222-304

Zip

| PROFIT CORP | | | EPORT FOR TH | E YEAR 20 | O1 STO |
|---|------------------------------|---------------------------------------|---|--------------------|--|
| FORM MUST BE TYPED IN BL | | • | | | (Marie La Caracia) |
| Corporate ID No. 58209 | 2. Name of Corpo A-1 COPI | ration ER, SALES, SERV | ICE & SUPPLY, INC. | | |
| Street Address Principal Business | s Office | | City | State | Zip |
| 76 EAST STREET Business Phone No. | 1 | 5. State of Incorporati RHODE ISLA | | RI | 02860-1023 ^{6.} ≸8 8 ¥° |
| 401-728-6670 Brief Description of the Characte | er of Business Conducted | ., | | | |
| RETAIL SALES O | F COPIERS AN | ID SERVICES | | | |
| . NAMES AND ADDRES esident Name | SSES OF THE OF | FICERS ("X" BOX FOR AT | TACHMENT) FILL IN SPACES Vice President Name | BEFORE USING ATT | ACHMENTS |
| JANU N. MEMON | | | NOORJAHAN M | EMON | |
| reel Addiess 19 RAYMOND STR | EET | | Street Address 19 RAYMOND | STREET | |
| Ity | State | Zip | City | State | Zip |
| LINCOLN, | RI | 02865 | LINCOLN, | RI | 02865 |
| JANU N. MEMON | | | Trensurer Name NOORJAHAN M | EMON | |
| reet Addrèss | | | Street Address | | |
| 19 RAYMOND STR | EET | | 19 RAYMOND | STREET | |
| lty | State | ZIp | Clty | State | ZIP |
| LINCOLN, | RI | 02865 | LINCOLN, | RI | 02865 |
| . NAMES AND ADDRES | SSES OF THE DII | RECTORS ("X" BOX FOR | ATTACHMENT) FILL IN SPAC | ES BEFORE USING AT | CTACHMENTS |

Director Name Director Name

NOORJAHAN MEMON JANU N. MEMON Street Address Street Address

19 RAYMOND STREET 19 RAYMOND STREET

City Zip

RI 02865 LINCOLN. RI 02865 LINCOLN. Director Name Director Name

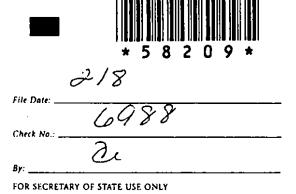
Street Address

City State Zip City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESTUED SHARES

Number of Shares Number of Shares Class/Series Par Value Class/Series Par Value 1,000 SHS COM NO PAR VAL None-

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.



Street Address

| 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. Ihr memor 1-16-61. |
| Signature of Officer J. MEMON. |
| Print ar Type Name of Officer |
| owner. |
| Title of Officer |

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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| | |

| Filing Period: Janua | | Filing Fee: \$50.00 | |
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| (FORM MUST BE TYPED IN | BLACK) | | |
| 1. Corporate ID No. | 2. Name of Corporal | tion | |

| (FORM MUST BE TYPED IN BLA | ICK) | | | | |
|--|-------------------------------------|---------------------------|--|-------------------|---------------------------|
| I. Corporate ID No. | 2. Name of Corporation | | | | |
| 58209 | A-1 COPIER, | SALES, SERVICE | & SUPPLY, INC. | | |
| 3. Street Address Principal Business | Office | | City | State | Zip |
| 76 EAST ST | REET | 5. State of Incorporation | PAWTUCKET | RI | 02860-1023 6. SIC Code |
| 401-728-667 7. Brief Description of the Character | O r of Business Conducted in Rho | RHODE ISLAND ide Island | | | 5884 |
| RETAIL SAL | ES AND SERVIC | LS OF COPIER | S | | |
| 8. NAMES AND ADDRES President Name | SES OF THE OFFICE | RS (*X* BOX FOR ATTACHI | MENT) FILL IN SPACES BE Vice President Name | EFORE USING ATTAC | CHMENTS |
| JANU N. ME | MON | | NOORJAHAN Street Address | MEMON | |
| 19 RAYMOND | STREET | | 19 RAYMOND | STREET | |
| City | State | Zip | City | State | Zip |
| LINCOLN Secretary Name | . RI | 02865 | LINCOLN Treasurer Name | RI | 02865 |
| JANU N. ME | MON | | NOORJAHAN Street Address | MEMON | |
| 19 RAYMOND | STREET | Zip | 19 RAYMOND | STREET | Zip |
| LINCOLN | RI | 02865 | LINCOLN | RI | 0∠865 |
| 9. NAMES AND ADDRES Director Name | | | | BEFORE USING ATT | |
| JANU N. MEM | ON | | NOORJAHAN Street Address | MEMON | |
| 19 RAYMOND | STREET State | ZΙρ | 19 RAYMON | D STREET State | Zip |
| LINCOLN | RI | 02865 | LINCOLN Director Name | RI | 02865 |
| Street Addiess | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| | | | | | |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

ZEDNAHZ CERUZZI

Number of Shares

Title of Officer



10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

1,000 SHS COM NO PAR VAL

Class/Series

Par Value

AUTHORIZED SHARES

Number of Shares

| File Date: | 2-9-00 | |
|------------|-----------------------------|--|
| Check No.: | 5870 | |
| Ву: | AMF | |
| | NV 00 00 100 0 110 0 0 11 V | |

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.

11. SHARES ISSUED (*x* BOX FOR ATTACHMENT)

Class/Series

Par Value

| that all statements contained her | ein are true and correct. |
|-----------------------------------|---------------------------|
| Signature of Officer NOOR TO ME | 1/17/00 |
| Signature of Officer | Date |
| NOOR J. ME. | moN· |
| Print or Type Name of Officer | |
| Bub D. | |



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040 -

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

| (FORM MUST BE TYPED IN BLAC | CK) | | | | | |
|--|--------------------------------|--|-----------------------------|----------------------|----------------------------|--|
| 1. Corporate ID No. 58209 | 2. Name of Corpor A-1 COPIE | ation R, SALES, SERVICE | & SUPPLY, INC. | - | | |
| 3. Street Address Principal Business C | office | , , | City | State | Zip | |
| 76 EAST STREET | | | PAWTUCKET, | RI | 02860-1023 | |
| 4. Business Phone No. | - | 5. State of Incorporation | | | 6. SIC Code | |
| 401-728-667 | | ☐ RHODE ISLAN | ND | | 5884 | |
| 7. Brief Description of the Character | | | | | - | |
| RETAIL SALES O | | | <u> </u> | | | |
| · · · · · · · · · · · · · · · · · · · | ES OF THE OFF | ICERS ("X" BOX FOR ATTA | CHMENT) FILL IN SPACES B | EFORE USING ATTA | CHMENTS | |
| President Name | | | Vice President Name | MEMON | | |
| JANU N. MEMO | <u> </u> | | NOORJAHAN Street Address | MEMON | | |
| | mpeem | | 19 RAYMON | יה בשמקבים | | |
| 19_RAYMOND_S | State | Zip | : 15 RAIPION | State | Zip | |
| LINCOLN, | RI | 02865 | LINCOLN | RI | 02865 | |
| Secretary Name | i. | | Treasurer Name | | | |
| JANU N. MEMO | N | | NOORJAHAN | MEMON | | |
| Street Address | | | Street Address | | | |
| 19 RAYMOND S | TREET | | 19 RAYMON | D STREET | | |
| City | State | Zip | City | State | Zip | |
| LINCOLN | RI | 02865 | LINCOLN | RI · | 02865 | |
| 9. NAMES AND ADDRESS | ES OF THE DIR | RECTORS (*X* BOX FOR AT | TACHMENT) [FILL IN SPACES | BEFORE USING AT | TACHMENTS | |
| Director Name | | | Director Name | | , | |
| JANU N. MEMC | N | | NOORJAHAN | MEMON: | | |
| Street Address | | | Street Address | | i | |
| 19 RAYMOND S | | | 19 RAYMON | | ····· | |
| City | State | Zip | City | State | 2.lp | |
| LINCOLN | RI | 02865 | LINCOLN | RI | 02865 | |
| Director Name | | | Director Name | | | |
| Street Address | | | : Street Address | | | |
| 1 | | | | | | |
| City | State | Zip | City | State | Zip | |
| , | ļ | ' | | | | |
| 10. SHARES AUTHORIZED |) ("X" BOX FOR AT | TACHMENT) C | 11. SHARES ISSUED (*) | * BOX FOR ATTACHMEN | (T) | |
| AUTHORIZZED SHARES | | ISSUED SHARES | <u> </u> | | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value | |
| 4 000 SHS COM NO | | | 1/- 1/ | | | |
| 1,000 SHS COM NO I | -AN VAL | | | <u> </u> | | |
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| This report must be signe | d in ink by eit | ther the President. Vice | President, Secretary, Assis | tant Secretary. Trea | surer, Receiver or Trustee | |
| · | , | | ,,,, · · · · · · · · · | | , | |
| 1 (88)61 | THE IGHT WIN TON | 18 18 8 | | | | |

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and Check No.: Print or Type Name of Officer FOR SECRETARY OF STATE USE ONLY Title of Officer



James R. Langevin, Secretary of State ट Corporations Division 100 Noith Main Street, Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fec: \$50.00

| (FORM MUST BE TYPED IN BLACK | 0 | | | | 7 | | |
|---|-----------------|--|--|--------------|----------------------------|--|--|
| 1. Corporate ID No. 2. Name of Corporation A-1 COPIER, SALES, SERVICE & SUPPLY, INC. | | | | | | | |
| 3. Street Address Principal Business Of | | ···· | City . | State | Zip | | |
| 76 East Street | ; | | Pawtucket | RI | 02860 | | |
| 4. Business Phone No. (401) 728-6670 | · | 5. State of Incorporation RHODE ISLAND |) | | 6. SIC Code 5884 | | |
| 7. Brief Description of the Character of Retail sales of | | | upplies | * | • | | |
| 8. NAMES AND ADDRESSE | S OF THE OFFICE | RS ("X" BOX FOR ATTACH | MENT) | | | | |
| Tresident Name Janu N. Memon | | | Vice President Name Noorjahan Memot | n , | | | |
| Street Address 19 Raymond Str | eet | | Street Address 19 Raymond Stre | eet | | | |
| Lincoln | State RI | 02865 | City Lincoln | State RI | ^{Zip} 02865 | | |
| Secretary Name Danielle R. Ri | ickel | | Treasurer Name Noorjahan Memor | n | ****** | | |
| Street Address 9 Terrance Cou | ırt | | Street Address 19 Raymond Street | | | | |
| Cuy West Warwick | State RI | 02893 | chy Lincoln | State Si 41 | . 02865 | | |
| 9. NAMES AND ADDRESSE | S OF THE DIRECT | ORS ("X" BOX FOR ATTA | CHMENT) | | | | |
| Janu N. Memon | | * , | Director Name Noorjahan Memon | | | | |
| Street Address 19 Raymond Sti | reet | | Street Address 19 Raymond Street | | | | |
| City Lincoln | State RI | 02865 | City LIncoln | State RI | ^{Zip} 02865 | | |
| Director Name NONE | | | NONE | | | | |
| Street Address | | | Street Address | | | | |
| Спу | State | Zip | City | State | Zip | | |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) | | | | | | | |
| AUTHORIZED SHARES | | | ISSUED SHARES | _ | | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value | | |
| 1,000 SHS COM NO PAR VAL | | | NONE | | | | |
| | | | | | | | |
| | | | | | | | |

This report must be s**igned in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

| | * 5 8 2 0 9 * |
|------------|----------------|
| File Date: | 773 |
| By: | STATE USE ONLY |

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.

| Don | memor | 2/26/98- |
|----------------------|-------|----------|
| Signature of Officer | | Date |
| | | |

Janu N. Memon

Print or Type Name of Officer

President

Title of Officer





James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, Ri 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

| iling Period: | January | 1-March 1 | • | Filling | Fee: | \$50.00 |
|---------------|---------|-----------|---|---------|------|---------|
|---------------|---------|-----------|---|---------|------|---------|

2. Name of Corporation

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

Street Address

58209 A-1 COPIER, SALES, SERVICE & SUPPLY, INC. Zip 3. Street Address Principal Business Office State RI 02860 76 East Street Pawtucket 6. SIC Code 4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 5884 (401) 728-6670 7. Brief Description of the Character of Business Conducted in Rhode Island Retail sales of copiers, service, & supplies 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Noorjahan Memon Janu N. Memon Street Address Street Address 19 Raymond Street 19 Raymond Street ZIp 02865 $R_{\mathbf{I}}$ Lincoln RT Lincoln Secretary Name Treasurer Name Noorjahan Memon Diane T. Goodwin Street Address Street Address 19 Raymond Street **37 Oakdell Street** City Zip State Zip 02883 RΙ 02865 RΙ Lincoln Peacedale

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

Janu N. Memon

Street Address

19 Raymond Street
City

State

Director Name

Noorjahan Memon

Street Address

19 Raymond Street

City

State

Zip

City

State

Zip

 City
 State
 Zip
 City
 State
 Zip

 Lincoln
 RI
 02865
 Lincoln
 RI
 02865

 Director Name
 Director Name

 NONE
 NONE

Street Address

City State Zip City State Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES ISSUED SHARES

Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value t T

1,000 SHS COM NO PAR VAL NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

| * | 5 | 8 | 2 | 0 | 9 | * |
|---|---|---|---|---|---|---|

File Date: 1/13/97

Check No.: 3788

FOR SECRETARY OF STATE USE ONLY

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.

| Que n. | ~~·· | 12.26.98 |
|--------------------|------|----------|
| Stature of Officer | | Date |

Janu N. Memon
Print or Type Name of Officer

President

Title of Officer

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1

Filing Fee \$50.00 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

| Name of Corporation: Business entity organized under the laws of the State of: RI For foreign entity, address and telephone number of principal office: Professional Service Corporation (See RIGL Chapter 7-5.1) Professional Service And Supply of all 1 Supply of all 1 Supply of all 1 Supply of and Supply of all 1 Supply of al | Corporate ID: | Annual Report for the year: |
|--|--|---|
| Business Entity is (check one): Substance Service of Department of Laws of the State of: _RI | A-1 COPIER, SALES, | · |
| For fusion entity, address and telephone number of principal office: The fusion of the principal office of business continuous and telephone of the principal office of business continuous (See RIGI. Chapter 7-5.1) The fusion of the principal office of business entity in Rhode Island: Sales, Service, and Supply of all brands of copy machines, and FAX machines. The NAMES OF THE OFFICERS ARE: STREET ADDRESS CITYSTATE ZUPCOL | Name of Corporation: | |
| Professional Service Corporation (See RIGL Chapter 7-5.1) Reader | • • | - , |
| Phone: 1 Brief statement of the character of business conducted in Rhode Island. Address and telephone of the principal office of business entity in Rhode Island (Provide steet address - Not PO. Box). A-1 Copier 76 East Street 76 Weaker RT 92850 Phone: (401) 728-6670 THE NAMES OF THE OFFICERS ARE: Janu N. Memon 19 Raymond St. Lincoln, RI 02865 STREET ADDRESS CHYSTATE 22800 PROVIDENCE OF M. Memon 19 Raymond St. Lincoln, RI 02865 STREET ADDRESS CHYSTATE 22908 STREET ADDRESS CHYSTATE 22900 STREET ADDRESS CH | | · |
| Sales, Service, and Supply of all brands of copy machines, and felentee of business entity in Rhode Island (Provide street address. Not P.O. Box): 7.6 | • | (1 Trotossound vervice corporation (see trots chapter 7-3.1) |
| Sales, Service, and Supply of all brands of copy machines, and copies and telephone of the principal office of business entity in Rhode Island (Provide street address. Not PO Box): A-1 Copier 76 | | Brief statement of the character of business conducted in Rhode Island: |
| Island (Provide street address. Not PO Box): 76 | Phone: () | |
| A-1 Copier 76 East Street 77 East East Street 77 East East Street 78 East East East East East East East East | | |
| THE NAMES OF THE OFFICERS ARE: THE NAMES OF THE OFFICERS ARE: STREET ADDRESS THE NAMES OF THE OFFICERS ARE: STREET ADDRESS NOOR M. Memon 19 Raymond St. Lincoln, RI 02865 NOOR M. Memon 19 Raymond St. Lincoln, RI 02865 Diane T. Goodwin 113 Calverly St. 3rd left Providence, RI 02908 THE NAMES OF THE DIRECTORS ARE: THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS THYSTATE ZIPCOL NAME NOOR J. Memon 19 Raymond St. Lincoln, RI 02865 STREET ADDRESS THYSTATE ZIPCOL NAME NAME STREET ADDRESS THYSTATE ZIPCOL NAME NAME STREET ADDRESS THYSTATE ZIPCOL NAME NAME NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) NUMBER OF SHARES SERVED AND OUTSTANDING (Rider may be attached) Number of Shares Class / Series Date Date December 27, 1994 By: Janu N. Memon THE OFFICER SERVICE OF PROCESS: | A-1 Copier | rax machines. |
| THE NAMES OF THE OFFICERS ARE: STREET ADDRESS STRE | | |
| THE NAMES OF THE OFFICERS ARE: STRUCT ADDRESS CITYATATE JANU N. Memon 19 Raymond St. Lincoln, RI 02865 STRUCT ADDRESS CITYATATE ZIPCOL NOOF M. Memon 19 Raymond St. Lincoln, RI 02865 SECRETARY Diane T. Goodwin 113 Calverly St. 3rd left Providence, RI 02908 STREAT ADDRESS NOOF J. Memon 19 Raymond St. Lincoln, RI 02865 THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS NAME JANU N. Memon 19 Raymond St. Lincoln, RI 02865 THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CITYATATE ZIPCOL NAME JANU N. Memon 19 Raymond St. Lincoln, RI 02865 NAME STREET ADDRESS CITYATATE ZIPCOL STREET | | |
| STREET ADDRESS CITYSTATE ZIP COLUMN | Phone: (401) /28-66/0 | |
| STREET ADDRESS CITYSTATE ZIP COLUMN | THE NAMES OF | F THE OFFICERS ARE: |
| NOOR M. Memon 19 Raymond St. Lincoln, RI 02865 SIRLET ADDRESS CITY/STATE ZIP COL Diane T. Goodwin 113 Calverly St. 3rd 1eft Providence, RI 02908 TREASURER STREET ADDRESS CITY/STATE ZIP COL NOOR J. Memon 19 Raymond St. Lincoln, RI 02865 THE NAMES OF THE DIRECTORS ARE: SIRLET ADDRESS CITY/STATE ZIP COL Janu N. Memon 19 Raymond St. Lincoln, RI 02865 Janu N. Memon 19 Raymond St. Lincoln, RI 02865 NAME SIRLET ADDRESS CITY/STATE ZIP COL NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES SUED AND OUTSTANDING (Rider may be attached) Number of Shares Class / Series Number of Shares Class / Series Number of Shares Class / Series Date December 27, 1994 By: Janu N. Memon PRINTED ADDRESS SUED AND OUTSTANDING (Rider may be attached) THE PASSIFT ADDRESS SUED AND OUTSTANDING (RIDER may be attached) THE PASSIFT ADDRESS SUED AND OUTSTANDING (RIDER may be attached) THE PASSIFT ADDRESS SUED AND OUTSTANDING (RIDER may be attached) THE PASSIFT ADDRESS SUED AND OUTSTANDING (RIDER may be attached) THE PASSIFT ADDRESS SUED AND OUTSTANDING (RIDER may be attached) THE PASSIFT ADDRESS SUED AND OUTSTANDING (RIDER may be attached) THE PASSIFT ADDRESS SUED AND OUTSTANDING (RIDER may be attached) THE PASSIFT ADDRESS SUED AND OUTSTANDING (RIDER may be attached) THE PASSIFT ADDRESS SUED AND OUTSTANDING SU | | |
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| SIRRET ADDRESS Diane T. Goodwin 113 Calverly St. 3rd left Providence, RI 02908 TREASURER NOOR J. Memon 19 Raymond St. Lincoln, RI 02865 THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CITYSTATE ZIPCOL NAME Janu N. Memon 19 Raymond St. Lincoln, RI 02865 NAME STREET ADDRESS CITYSTATE ZIPCOL NAME NOOR J. Memon 19 Raymond St. Lincoln, RI 02865 STREET ADDRESS CITYSTATE ZIPCOL NAME NOOR J. Memon 19 Raymond St. Lincoln, RI 02865 NAME STREET ADDRESS CITYSTATE ZIPCOL NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) Number of Shares Class / Series Number of Shares Class / Series Date December 27, 1994 By: Janu N. Memon PROPER STREET ADDRESS TITLE OF OFFICER SIGNING DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: | • | |
| Diane T. Goodwin 113 Calverly St. 3rd left Providence, RI 02908 TREASURER NOOR J. Memon 19 Raymond St. Lincoln, RI 02865 THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CITY/STATE ZIPCOL NAME Janu N. Memon 19 Raymond St. Lincoln, RI 02865 NAME NOOR J. Memon 19 Raymond St. Lincoln, RI 02865 STREET ADDRESS CITY/STATE ZIPCOL NAME STREET ADDRESS CITY/STATE ZIPCOL NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) Number of Shares Class / Series Number of Shares Class / Series Number of Shares Class / Series Date December 27, 1994 By: Janu N. Memon PRINTED STREET ADDRESS CITY/STATE PRINTED STREET ADDRESS CITY/STATE Janu N. Memon PRINTED STREET ADDRESS CITY/STATE PRINTED STREET ADDRESS CITY/STATE PRINTED STREET ADDRESS CITY/STATE PRINTED STREE | | |
| TREAMMER NOOT J. Memon 19 Raymond St. Lincoln, RI 02865 THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CITY/STATE ZIPCOL NAME Janu N. Memon 19 Raymond St. Lincoln, RI 02865 NAME NOOT J. Memon 19 Raymond St. Lincoln, RI 02865 NAME STREET ADDRESS CITY/STATE ZIPCOL NOOT J. Memon 19 Raymond St. Lincoln, RI 02865 STREET ADDRESS CITY/STATE ZIPCOL NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES AUTHORIZED (Rider may be attached) Number of Shares Class / Series Number of Shares Class / Series Number of Shares Class / Series December 27, 1994 By: Jee The December 27 | | Cir Cob. |
| THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CITY/STATE ZIPCOL Janu N. Memon 19 Raymond St. Lincoln, RI 02865 NAME STREET ADDRESS CITY/STATE ZIPCOL NOOR J. Memon 19 Raymond St. Lincoln, RI 02865 NAME STREET ADDRESS CITY/STATE ZIPCOL NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) Number of Shares Class / Series Number of Shares Class / Series Number of Shares Class / Series Date December 27, 1994 By: Janu N. Memon PRINTED SET OF SHAPE SIGNING TITLE OF OFFICER SIGNING DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: | | |
| NAME Janu N. Memon 19 Raymond St. Lincoln, RI 02865 NAME NOOR J. Memon 19 Raymond St. Lincoln, RI 02865 NAME NOOR J. Memon 19 Raymond St. Lincoln, RI 02865 NAME NOOR J. Memon 19 Raymond St. Lincoln, RI 02865 NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) Number of Shares Class / Series Number of Shares Class / Series Number of Shares December 27, 1994 By: Janu N. Memon PRINT OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) Date December 27, 1994 By: Janu N. Memon PRINT OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) The December 27, 1994 By: Janu N. Memon PRINT OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) The December 27, 1994 By: Janu N. Memon PRINT OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) The December 27, 1994 By: Janu N. Memon PRINT OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) The December 27, 1994 By: Janu N. Memon PRINT OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) The December 27, 1994 By: Janu N. Memon PRINT OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) The December 27, 1994 By: Janu N. Memon PRINT OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) The December 27, 1994 By: Janu N. Memon PRINT OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) The December 27, 1994 By: Janu N. Memon PRINT OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) The December 27, 1994 By: Janu N. Memon PRINT OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) The December 27, 1994 By: Janu N. Memon PRINT OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) The December 27, 1994 By: Janu N. Memon PRINT OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) The December 27, 1994 By: Janu N. Memon PRINT OF SHARES ISSUED AND OUTSTANDING (RIDER OF SHARES ISSUED AND OU | Noor J. Memon 19 Raymond St. Lincol | n, RI 02865 |
| Janu N. Memon 19 Raymond St. Lincoln, RI 02865 NAME STREET ADDRESS CITY/STATE ZIPCOL NAME STREET ADDRESS CITY/STATE ZIPCOL NAME STREET ADDRESS CITY/STATE ZIPCOL NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) Number of Shares Class / Series Number of Shares Class / Series Date December 27, 1994 By: John N. Memon PRINTED FOREST SIGNING TITLE OF OFFICER SIGNING TITLE OF OFFICER SIGNING DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: | | |
| NOOR J. Memon 19 Raymond St. Lincoln, RI 02865 NAME STREET ADDRESS CITY/STATE ZIPCOL NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) Number of Shares Class / Series Number of Shares Class / Series Number of Shares Class / Series Date December 27, 1994 By: Janu N. Memon PRINT OF STREET ADDRESS DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: | | |
| NOOR J. Memon 19 Raymond St. Lincoln, RI 02865 NAME STREET ADDRESS CITYATATE ZIPCOL NUMBER OF SHARES AUTHORIZED (Rider may be attached) Number of Shares Class / Series December 27, 1994 By: Janu N. Memon PRINT PROCESS: DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: | | |
| NUMBER OF SHARES AUTHORIZED (Rider may be attached) Number of Shares Class / Series Number of Shares December 27, 1994 By: Janu N. Memon PRINDP SUFF OF BIR PEPTER SIGNING TITLE OF OFFICER SIGNING TITLE OF OFFICER SIGNING DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: | w,,,, | |
| Number of Shares Class / Series Number of Shares | | |
| Number of Shares Class / Series Number of Shares Nu | | |
| Date December 27, 1994 Date December 27, 1994 Janu N. Memon PRINTER SIGNING TITLE OF OFFICER SIGNING DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: | NUMBER OF SHARES AUTHORIZED (Rider may be attached) | NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) |
| Date December 27. 1994 By: John N. Memon PRINT TO SERVICE OF PROCESS: DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: | Number of Shares Class / Series | Number of Shares Class / Series |
| Date December 27. 1994 By: John N. Memon PRINT TO SERVICE OF PROCESS: DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: | | |
| Janu N. Memon PRINT OF THE OF OFFICER SIGNING TITLE OF OFFICER SIGNING DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: | none 1,000 COMMON | 1,000 COMMON |
| Janu N. Memon PRINT OF THE OF OFFICER SIGNING TITLE OF OFFICER SIGNING DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: | Pagambar 27 | 1 |
| Form 31 1795 PRINTY EST OF PROPERTY SIGNING TITLE OF OFFICER SIGNING DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: | Date December 277, 1934 By:. | anu N. Memon |
| Form 31 1/95 TITLE OF OFFICER SIGNING DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: | PRINT | |
| | _ | |
| PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed. | DESIGNATED REGISTERED | AGENT FOR SERVICE OF PROCESS: |
| | PLEASE NOTE: If the registered office and/or registered agent indicated be | elow is incorrect, Form 9 must be filed. |

JANU N. MEMON

-530_FAWTUCKET AVENUE

PAWTUCKET RI 02660

PAWTUCKET, RI DATUD 2028

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division

100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

| | | PLEASE TYPE OR | PRINT IN BLACK INK. | | | |
|---|-------------------------------|---------------------------------------|---|--|---------------------------------------|--|
| 1. CORPORATE ID MO. | 2. NAME OF CORPORATION | - | | · · · · · · · · · · · · · · · · · · · | | |
| 58209 | • | PIER, SALES, SI | ERVICE & SUPPLY, INC | | | |
| 3 STREET ADORESS PRINCIPAL BUSINESS O | rfice | | ary | STATE | 7 20 COOE | |
| 76 East St | treet | | Pawtucket | RI | 02860 | |
| 4 BUSINESS PHONE NO. (401) 728- | -6670 | S SIATE OF INCORPORATION RHODE IS | SLAND | | 5884 | |
| 7. BRIEF DESCRIPTION OF THE CHARACTER O | BUSINESS CONOUCTED IN PHOOE I | SIND | | ······································ | | |
| Retail sales | of copiers | | ESSES OF THE OFF | | · | |
| PRESIDENT NAMÉ Janu N. Me | emon | | wa mesoeni nawe Noorjahan M | | | |
| 19 Raymon | | | 19 Raymond | | | |
| Lincoln | STATE RI | υ ^{ν οοοί} 02865 | Lincoln | RI | ²⁰ 2865 | |
| Janu N. Me | emon | | Noorjahan M | lemon | | |
| | 19 Raymond Street | | | 19 Raymond Street | | |
| Lincoln | STATE RI | 02865 | Lincoln | RI | 02865 | |
| Janu N. Me | ···· | MES AND ADDR | ESSES OF THE DIR DRECTOR HAME Noorjahan N | • | · · · · · · · · · · · · · · · · · · · | |
| siriet ADDRESS 19 Raymond | d Street | | STREET ADDRESS 19 Raymond | Street | | |
| Lincoln | STATE RI | ∑P 000€ 02865 | Lincoln | STATE RI | 02865 \ | |
| DIRECTOR NAME | | | DIRECTOR NAME | | 1 | |
| STREET ADDRESS | | | STREET ADDRESS | ······································ | | |
| ėn — | STATE | 1 | , and | STATE | ₽ coct | |
| ************************************** | 1 0 . S I | ARES AUTHOR | IZED AND ISSUED | ISSUED SHARES | | |
| NUMBER OF SHARES | CLASS / SERIES | PAR VALLE | MUMBER OF SHARES | CLASS / SERIES | PAR VALUE | |
| 1,000 SHS | COM NO PAR VAL | | 100 | common | none | |
| | | | 1 | | | |
| | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | l | · · · · · · · · · · · · · · · · · · · | | |

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 2/28/96
Check No: 2963
By:

- - --

Janu N. Memon
Print or Type Name of Officer

President_

Signature of Officer

2/26/96.

For Secretary of State Use Only

Title of Officer

condensition ceretary of State

State of Rhode Island and Providence Plantations Office of The Secretary of State

rodensperi CORP Janet March I

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

| Opporate ID: 6056209 | Annual Report for the year: 1994 |
|---|---|
| lame of Business Entity: | A-1 COPIER, SALES, SERVICE & SUPPLY, INC |
| usiness entity organized under the laws of the State of:RI ederal Taxpayer Identification Number:05-0449409 or foreign entity, address and telephane number of principal office: | Business Entity is (check one): |
| | Name, title and mailing address of contact person to whom communications may be directed: JANU MEMON 596 PAWTUCKET AVENUE |
| Thore: () Address and telephone of the principal office of husiness entity in Rhode stand (Provide street address - Not P.O. Box). | Brief statement of the character of business conducted in Rhode Island: Sales and service of photocopiers. |
| 576 Pawfucket AX. Pawfucket Rt 02860 *********************************** | Date of Organization: October 25, 1989 Date of Qualification to do business in Rhode Island (if foreign entity): |
| | DF THE OFFICERS ARE: FLAMBRISS CHYMAN RI 02865 |
| Noorjahan Memon 19 Raymond | Street, Lincoln, RI 02865 |
| Noorjahan Memon 19 Raymond 「「回」 DESTRUCTION SERIES | TEADORESS CHARLES AND CODE |
| | FTHE DIRECTORS ARE: ETABRIBASS Street, Lincoln, RI 02865 |
| Noorjahan Memon 19 Raymond | ET ADDRESS CITY/STATE: APPENDE |
| NUMBER OF SHARES AUTHORIZED (If Applicable) | NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) |
| NUMBER 1,000 CLASS Common | NUMBER 1,000 CLASS Common |
| SERIES | SERIES |
| PAR VALUE OR WITHOUT PAR no pay value | PAR VALUE OR WITHOUT PAR no par value |
| Date 1-3-94 FILED By | Janu Memon |
| 301 M K# | President Le of officer signing |
| DESIGNATED REGISTERED OR RE | SIDENT AGENT FOR SERVICE OF PROCESS: |

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

State of Phode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

| Corporate ID 05=04494 | 99 58209 | Annual Report for the year | 1992 1993 |
|-----------------------|------------------------------|--|--|
| FIRST: The name of | the corporation is A-1 | COPIER SALES SERVICE & SU | PPLY, INC. |
| SECOND: It is incorp | orated under the laws of | RHODE ISLAND | |
| THIRD: Character of | business, briefly stated, is | sales and service of cop | y machines |
| and related pr | oducts. | | ······ |
| FOURTH: If foreign c | orporation, address of its | principal office | |
| FIFTH: Business addr | ess in Rhode Island5 | 96 Pawtucket Avenue, Pawtu | cket, RI 02860 |
| Sixth: Names and a | ddresses of its directors as | nd officers: Address (including number, str | (Attach rider if necessary) |
| Janu Memon | Director | 19 Raymond Are., Lincol | n, RI 02865 |
| | Director | | ••••• |
| | Director | | |
| Janu Memon | President | ST. 19 Raymond Smg., Lincol | n, RI 02865 |
| | Vice Presi | dent | |
| Janu Memon | Secretary | 19 Raymond St., Lincoln | , RI 02865 |
| Janu Memon | Treasurer | 19 Raymond St., Lincoln | , RI 02865 |
| SEVENTH: Number of | Shares authorized: | | Par Value |
| No. of Shares | Class | Series | or statement that shares are without par value |
| 1,000 | common | | no par |
| | | DEC 9 1993 | • |
| Eіднтн: Number of S | Shares issued: | By AMT#29 | Par Value or statement that |
| No. of Shares | Class | Series 816 | shares are without par value |
| 1,000 | common | | no par |
| Dated December | 719 | A-1 COPIER SALES SERVICE (Name of Corporation) | & SUPPLY, INC. |
| | | By June 20 ne | |
| (Report must be sign | ned by an officer) | Title PRESIDENT | |

To be filed annually between January 1st and March 1st

State of Rhode Island and Frovidence Flantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

| Corporate ID 0.58209 | | • | Annual Report for the year 1222 | | | |
|----------------------|--------------------------------|--|--|--|------------|--|
| First: The n | name of the corporation is | ation is A-1 COPIER, SALES, SERVICE & SUPPLY, IT | | | | |
| SECOND: It i | s incorporated under the lay | ws of | de Island | | | |
| THIRD: Chai | acter of business, briefly sta | ted, is | piers, Sales, and | Service | | |
| FOURTH: If f | oreign corporation, address | of its princ | cipal office not applic | able | | |
| Fifth: Busin | ess address in Rhode Island | 596 | Pawtucket Ave F | awtucket RI | | |
| | es and addresses of its direct | tors and of | | (Attach rider if g number, street, zip code) | necessary) | |
| Janu N. Memo | n Dire | ector | 19 Raymond St, | Lincoln RI 0286 | 5 | |
| Noor J. Memo | n Dire | ector | 19 Raymond St, | Lincoln RI 0286 | 5 | |
| | Dire | ector | | | | |
| | | | 19 Raymond St, | Lincoln RI 0286 | 5 | |
| | n Vice | | 19 Raymond St, | Lincoln RI 0286 | 5 | |
| Janu N. Memo | | | 19 Raymond St, | Lincoln RI 0286 | .5 | |
| Janu N. Memo | n Trea | asurer | 19 Raymond St, | Lincoln RI 0286 | 5 | |
| Seventh: N | umber of Shares authorized: | : | | Par Value | | |
| No. of Shares | Class | | SpsAID | or statement that shares are without par value | | |
| 1000 | Common | | napr 1 5 1992 | No par | | |
| Еібнтн: Nu: | mber of Shares issued: | | SEC'Y OF STATE | Par Value or statement that | | |
| No. of Shares | Class | | Series | shares are without par value | | |
| 1000 | Common | | none | No par | | |
| Dated Februar | y 26, 1992 19 | (Nar | A-1 COPIER, SALES ne of Corporation) Aur 21. | | | |
| (Report n | nust be signed by an officer) | Titl | , | Owner/President | | |

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

| Corporate ID 0058209 | | Annual Report for the year 1991 | | |
|------------------------|--------------------------------|---------------------------------|-----------------------------------|--|
| FIRST: The name of the | he corporation is A-1 Co | OPIER, SALES, SERV | ICE & SUPPLY, INC. | |
| SECOND: It is incorpo | rated under the laws of | Rhode Island | | |
| THIRD: Character of b | ousiness, briefly stated, is | Copiers, Sales and | Service | |
| FOURTH: If foreign co | orporation, address of its pri | ncipal office | | |
| | (not applicat | ole) | | |
| FIFTH: Business addre | Pawtu | cket, RI 02860 | | |
| SIXTH: Names and ad | dresses of its directors and o | officers: | (Attach rider if necessary) | |
| Janu Memon | Director | 82 Warren Ave., | Pawtucket, RI 02860 | |
| Noor J. Memon | Director | 82 Warren Ave., | Pawtucket, RI 02860 | |
| | | | | |
| Janu Memon | President | 82 Warren Ave., | Pawtucket, RI 02860 | |
| | Vice Presiden | t 82 Warren Ave., | Pawtucket, RI 02860 | |
| Isan Mamon | Secretary | | Pawtucket, RI 02860 | |
| Janu Memon | Treasurer | 82 Warren Ave., | Pawtucket, RI 02860 | |
| SEVENTH: Number of | Shares authorized: | | Par Value or statement that | |
| No. of Shares | Class | Series Series | shares are without par value | |
| 1000 | Common | none A PAIL | No Par 1991 | |
| EIGHTH: Number of S | hares issued: | OF SEC'Y. OF | STATE Par Value or statement that | |
| No. of Shares | Class | Series | shares are without par value | |
| 1000 | Common | none | No Par | |
| Dated October | 17 , | A-1 COPIER, SALES, | SERVICE & SUPPLY, INC | |
| (Report must be signed | By ed by an officer) Til | Janu N. Memon le President | ··· | |

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

| Corporate ID 0058 | 3203 | Annual Report for | the year 1990 |
|---------------------------------------|---------------------------------|-----------------------|---------------------------------|
| FIRST: The name | of the corporation is | A-1 COPIER, SALES, | SERVICE & SUPPLY, INC. |
| SECOND: It is inco | orporated under the laws of | Rhode Os | land |
| THIRD: Character | of business, briefly stated, is | COPIERS, SA | LES & SERVICE |
| FOURTH: If foreign | n corporation, address of its | principal office | |
| FIFTH: Business ac | | 195 BEVERA | |
| | P | AWTUCKET, RI | 02861 |
| SIXTH: Names and | l addresses of its directors as | | (Attach rider if necessary) |
| JANUMEMO | Director | 82 WARREN | AVE. PAWT. RIO286 |
| NOOR JAHAN M | CMON Director | | 11 |
| | Director | | |
| JANU MEMON | President | | |
| NOOR JAHAN | nGmoN Vice Presi | dent | |
| JANU MEMON | Secretary | | |
| JATT TEMON | /Treasurer | | |
| Seventh: Number | of Shares authorized: | | Par Value or statement that |
| No. of Shares | Class | Series | shares are without par value |
| 1000 | Common | NUNC | NUPAR |
| Еіднтн: Number o | of Shares issued: | | Par Value or statement that |
| No. of Shares | Class | Series | shares are without par value |
| 100 | COMMON | NONE | NUPAR |
| , | | 13.3 H 7 H 80 | • |
| Dated 1- 2-9 | | (Name of Corporation) | IS SERVICE ESUPPLY, IM |
| | | By Jun n | mur |
| (Report must be signed by an officer) | | Title | fres. |