

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 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 58209		2. Name of Corporation A-1 COPIER, SALES, SERVICE & SUPPLY, INC.	
3. Street Address Principal Business Office 76 East Street		City Pawtucket	State RI
4. Business Phone No. 401-728-6670		5. State of Incorporation RHODE ISLAND	
6. SIC Code 5884			
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 BUSINESS			
8. NAMES AND ADDRESSES OF THE OFFICERS (DO NOT ATTACH COPY) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS			
President Name Janu Memon		Vice President Name Joseph V. Gilio, Jr.	
Street Address same as above		Street Address same as above	
City	State	City	State
Zip		Zip	
Secretary Name Noorjahan Memon		Treasurer Name Janu Memon	
Street Address same as above		Street Address same as above	
City	State	City	State
Zip		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (DO NOT ATTACH COPY) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS			
Director Name Janu Memon		Director Name Joseph V. Gilio, Jr.	
Street Address same as above		Street Address same as above	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (DO NOT ATTACH COPY) <input type="checkbox"/> 11. SHARES ISSUED (DO NOT ATTACH COPY) <input type="checkbox"/>			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
1,000 COMM NO PAR VALUE		100	Common
			No Par Value

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



File Date: 1/21/05
Check No: 2720
By: DA
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.

Signature of Officer: Janu Memon
Date: 1-18-05
Print or Type Name of Officer: Janu Memon
Title of Officer: President



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 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 58209		2. Name of Corporation A-1 COPIER, SALES, SERVICE & SUPPLY, INC.			
3. Street Address Principal Business Office 76 East Street		City Pawtucket	State RI	Zip 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 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) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Janu Memon		Vice President Name Joseph V. Gilio, Jr.			
Street Address same as above		Street Address same as above			
City	State	Zip	City	State	Zip
Secretary Name Noorjahan Memon		Treasurer Name Janu Memon			
Street Address same as above		Street Address same as above			
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Janu Memon		Director Name Joseph V. Gilio, Jr.			
Street Address same as above		Street Address same as above			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
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

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 *

FILED

File Date

APR 26 2004

Check No.

By *Janu Memon*

By

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.

Janu Memon 2-17-04
Signature of Officer Date

Janu Memon

Print or Type Name of Officer

President

Title of Officer



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 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *58209* 2. Name of Corporation A-1 COPIER, SALES, SERVICE & SUPPLY, INC.
3. Street Address Principal Business Office 76 EAST STREET City PAWTUCKET State RI Zip 02860
4. Business Phone No. 4017286670 5. State of Incorporation RHODE ISLAND 6. SIC Code 5884
7. Brief Description of the Character of Business Conducted in Rhode Island
SALES, SERVICE & SUPPLIES OF COPIERS, COMPUTERS, PRINTERS & BUSINESS MACHINES.

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

President Name Janu Memon Vice President Name Joseph V. Gilio, Jr.
Street Address Same as above Street Address Same as above
City State Zip City State Zip

Secretary Name Noorjahan Memon Treasurer Name Janu Memon
Street Address Same as above Street Address Same as above
City State Zip City State Zip

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

Director Name Janu Memon Director Name Joseph V. Gilio, Jr.
Street Address Same as above Street Address Same as above
City State Zip City State Zip

Director Name Noorjahan Memon Director Name
Street Address Same as above Street Address
City State Zip City State Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	common	no par value

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

APR 24 2003



By KMC

317612

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.

Signature of Officer Janu Memon Date 2-13-0
Print or Type Name of Officer
President JANU MEMON
Title of Officer

58209 DBC1/31/0310:11:35 AM

File Date

Check No.

By

FOR SECRETARY OF STATE USE ONLY



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

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 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **58209** 2. Name of Corporation **A-1 COPIER, SALES, SERVICE & SUPPLY, INC.**
3. Street Address Principal Business Office **76 EAST STREET** City **PAWTUCKET,** State **RI** Zip **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 Business Conducted in Rhode Island

RETAIL SALES OF COPIERS AND SERVICES

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

President Name JANU MEMON			Vice President Name NOORJAHAN MEMON		
Street Address 19 RAYMOND STREET			Street Address 19 RAYMOND		
City LINCOLN,	State RI	Zip 02865	City LINCOLN,	State RI	Zip 02865
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name JANU N. MEMON			Director Name NOORJAHAN MEMON		
Street Address 19 RAYMOND STREET			Street Address 19 RAYMOND STREET		
City LINCOLN,	State RI	Zip 02865	City LINCOLN,	State RI	Zip 02865
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
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: 1-9-02

Check No.: 8632

By: [Signature]

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.

[Signature] 1/2/02
Signature of Officer Date

NOOR JAHAN MEMON
Print or Type Name of Officer

VICE President
Title of Officer



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

Corporations Division
100 North Main Street, Providence, RI 02903-1334
401-222-3044



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **58209** 2. Name of Corporation **A-1 COPIER, SALES, SERVICE & SUPPLY, INC.**

3. Street Address Principal Business Office

76 EAST STREET

City

PAWTUCKET,

State

RI

Zip

02860-1023

4. Business Phone No.

401-728-6670

5. State of Incorporation
RHODE ISLAND

6. **5884**

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

RETAIL SALES OF COPIERS AND SERVICES

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

President Name

JANU N. MEMON

Vice President Name

NOORJAHAN MEMON

Street Address

19 RAYMOND STREET

Street Address

19 RAYMOND STREET

City

LINCOLN,

State

RI

Zip

02865

City

LINCOLN,

State

RI

Zip

02865

Secretary Name

JANU N. MEMON

Treasurer Name

NOORJAHAN MEMON

Street Address

19 RAYMOND STREET

Street Address

19 RAYMOND STREET

City

LINCOLN,

State

RI

Zip

02865

City

LINCOLN,

State

RI

Zip

02865

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

Director Name

JANU N. MEMON

Director Name

NOORJAHAN MEMON

Street Address

19 RAYMOND STREET

Street Address

19 RAYMOND STREET

City

LINCOLN,

State

RI

Zip

02865

City

LINCOLN,

State

RI

Zip

02865

Director Name

Director Name

Street Address

Street Address

City

City

State

State

Zip

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS COM NO PAR VAL

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

None -

O

O

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: 2/18
6988

Check No.: 2

By: _____

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.

Janu Memon 1-16-01
Signature of Officer Date

NOORJ. MEMON
Print or Type Name of Officer

owner
Title of Officer



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

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

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **58209** 2. Name of Corporation **A-1 COPIER, SALES, SERVICE & SUPPLY, INC.**
3. Street Address Principal Business Office **76 EAST STREET** City **PAWTUCKET** State **RI** Zip **02860-1023**
4. Business Phone No. **401-728-6670** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5884**

7. Brief Description of the Character of Business Conducted in Rhode Island
RETAIL SALES AND SERVICES OF COPIERS

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

President Name JANU N. MEMON Street Address 19 RAYMOND STREET City LINCOLN State RI Zip 02865 Secretary Name JANU N. MEMON Street Address 19 RAYMOND STREET City LINCOLN State RI Zip 02865	Vice President Name NOORJAHAN MEMON Street Address 19 RAYMOND STREET City LINCOLN State RI Zip 02865 Treasurer Name NOORJAHAN MEMON Street Address 19 RAYMOND STREET City LINCOLN State RI Zip 02865
--	---

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

Director Name JANU N. MEMON Street Address 19 RAYMOND STREET City LINCOLN State RI Zip 02865	Director Name NOORJAHAN MEMON Street Address 19 RAYMOND STREET City LINCOLN State RI Zip 02865
---	---

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 SHS COM NO PAR VAL

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

ISSUED SHARES
Number of Shares Class/Series Par Value
0

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: 2-9-00
Check No.: 5870
By: AMF

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.

Yhan memor 1/17/00
Signature of Officer Date
NOORJ. MEMON
Print or Type Name of Officer
Buchir
Title of Officer



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

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 BLACK)

1. Corporate ID No. 58209		2. Name of Corporation A-1 COPIER, SALES, SERVICE & SUPPLY, INC.			
3. Street Address Principal Business Office 76 EAST STREET			City PAWTUCKET,	State RI	Zip 02860-1023
4. Business Phone No. 401-728-6670		5. State of Incorporation RHODE ISLAND			6. SIC Code 5884
7. Brief Description of the Character of Business Conducted in Rhode Island RETAIL SALES OF COPIERS AND SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JANU N. MEMON			Vice President Name NOORJAHAN MEMON		
Street Address 19 RAYMOND STREET			Street Address 19 RAYMOND STREET		
City LINCOLN,	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name JANU N. MEMON			Treasurer Name NOORJAHAN MEMON		
Street Address 19 RAYMOND STREET			Street Address 19 RAYMOND STREET		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JANU N. MEMON			Director Name NOORJAHAN MEMON		
Street Address 19 RAYMOND STREET			Street Address 19 RAYMOND STREET		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
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 signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 5 8 2 0 9 *

File Date: Jan 29, 99
Check No.: 5217
By: JD
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.

Signature of Officer: Noor J. Memoni Date: 1-18-99
Print or Type Name of Officer: NOOR J. MEMONI
Title of Officer: OWNER



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 58209		2. Name of Corporation A-1 COPIER, SALES, SERVICE & SUPPLY, INC.			
3. Street Address Principal Business Office 76 East Street			City Pawtucket	State RI	Zip 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 Business Conducted in Rhode Island Retail sales of copiers, service, & supplies					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Janu N. Memon			Vice President Name Noorjahan Memon		
Street Address 19 Raymond Street			Street Address 19 Raymond Street		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Danielle R. Rickel			Treasurer Name Noorjahan Memon		
Street Address 9 Terrance Court			Street Address 19 Raymond Street		
City West Warwick	State RI	Zip 02893	City Lincoln	State RI	Zip 02865
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Janu N. Memon			Director Name Noorjahan Memon		
Street Address 19 Raymond Street			Street Address 19 Raymond Street		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
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 signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 5 8 2 0 9 *

File Date: **2.27.98**
Check No.: **4773**
By: **W**
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.

Signature of Officer: **Janu Memon** Date: **2/26/98**
Print or Type Name of Officer: **Janu N. Memon**
Title of Officer: **President**



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

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



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 58209		2. Name of Corporation A-1 COPIER, SALES, SERVICE & SUPPLY, INC.	
3. Street Address Principal Business Office 76 East Street		City Pawtucket	State RI
4. Business Phone No. (401) 728-6670		5. State of Incorporation RHODE ISLAND	6. SIC Code 5884
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 Janu N. Memon		Vice President Name Noorjahan Memon	
Street Address 19 Raymond Street		Street Address 19 Raymond Street	
City Lincoln	State RI	City Lincoln	State RI
Secretary Name Diane T. Goodwin		Treasurer Name Noorjahan Memon	
Street Address 37 Oakdell Street		Street Address 19 Raymond Street	
City Peacedale	State RI	City Lincoln	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)		9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)	
Director Name Janu N. Memon		Director Name Noorjahan Memon	
Street Address 19 Raymond Street		Street Address 19 Raymond Street	
City Lincoln	State RI	City Lincoln	State RI
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)		10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
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

By: (CS)

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.

Signature of Officer: Janu N. Memon Date: 12-26-96

Print or Type Name of Officer: Janu N. Memon

Title of Officer: President

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.

Corporate ID: 0058209

Annual Report for the year: 1995

Name of Corporation: A-1 COPIER, SALES, SERVICE & SUPPLY, INC.

Business entity organized under the laws of the State of: RI

For foreign entity, address and telephone number of principal office:

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

A-1 Copier

76 East Street

Pawtucket, RI 02860

Phone: (401) 728-6670

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:

Sales, Service, and Supply of
all brands of copy machines, and
FAX machines.

THE NAMES OF THE OFFICERS ARE:

PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

Janu N. Memon 19 Raymond St. Lincoln, RI 02865

VICE PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

Noor M. Memon 19 Raymond St. Lincoln, RI 02865

SECRETARY STREET ADDRESS CITY/STATE ZIP CODE

Diane T. Goodwin 113 Calverly St. 3rd left Providence, RI 02908

TREASURER STREET ADDRESS CITY/STATE ZIP CODE

Noor J. Memon 19 Raymond St. Lincoln, RI 02865

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

Janu N. Memon 19 Raymond St. Lincoln, RI 02865

NAME STREET ADDRESS CITY/STATE ZIP CODE

Noor J. Memon 19 Raymond St. Lincoln, RI 02865

NAME STREET ADDRESS CITY/STATE ZIP CODE

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

~~none~~ 1,000 COMMON1,000 COMMON
~~none~~

Date December 27, 1994

By: Janu N. Memon

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

FILED

JANU N. MEMON

~~550 PAWTUCKET AVENUE~~

PAWTUCKET

RI 02860

new address

76 EAST ST.

PAWTUCKET, RI 02860

MAR 27 1995

J. Memon
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 NO. 58209		2. NAME OF CORPORATION A-1 COPIER, SALES, SERVICE & SUPPLY, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 76 East Street		CITY Pawtucket	STATE RI
4. BUSINESS PHONE NO. (401) 728-6670		5. STATE OF INCORPORATION RHODE ISLAND	6. ZIP CODE 02860
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Retail sales of copiers and service.		8. SIC CODE 5884	

8. NAMES AND ADDRESSES OF THE OFFICERS		
PRESIDENT NAME Janu N. Memon		
VICE PRESIDENT NAME Noorjahan Memon		
STREET ADDRESS 19 Raymond Street		
CITY Lincoln	STATE RI	ZIP CODE 02865
SECRETARY NAME Janu N. Memon		
TREASURER NAME Noorjahan Memon		
STREET ADDRESS 19 Raymond Street		
CITY Lincoln	STATE RI	ZIP CODE 02865

9. NAMES AND ADDRESSES OF THE DIRECTORS		
DIRECTOR NAME Janu N. Memon		
STREET ADDRESS 19 Raymond Street		
CITY Lincoln	STATE RI	ZIP CODE 02865
DIRECTOR NAME Noorjahan Memon		
STREET ADDRESS 19 Raymond Street		
CITY Lincoln	STATE RI	ZIP CODE 02865

10. SHARES AUTHORIZED AND ISSUED					
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			100	common	none

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: CP
For Secretary of State Use Only

Signature of Officer
Janu N. Memon
Print or Type Name of Officer
President
Title of Officer
2/26/96
Date

Corporate ID: 0058209 Annual Report for the year: 1994

Name of Business Entity: A-1 COPIER, SALES, SERVICE & SUPPLY, INC.

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number: 05-0449409

or foreign entity, address and telephone number of principal office:

Phone: ()

address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

A-1 COPIER, INC.
596 Pawtucket Avenue
Pawtucket RI 02860
Phone: (401) 428-6670

Business Entity is (check one):

- ☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

JANU MEMON
596 PAWTUCKET AVENUE
PAWTUCKET, RI 02860

Brief statement of the character of business conducted in Rhode Island:

Sales and service of photocopiers.

Date of Organization: October 25, 1989

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (See RIGL 7-1.1)	Janu Memon 19 Raymond Street,	Lincoln, RI	02865
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> VICE PRESIDENT (See RIGL 7-1.1)	Noorjahan Memon 19 Raymond Street,	Lincoln, RI	02865
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> SECRETARY (See RIGL 7-1.1)	Noorjahan Memon 19 Raymond Street,	Lincoln, RI	02865
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (See RIGL 7-1.1)	Janu Memon 19 Raymond Street,	Lincoln, RI	02865

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Janu Memon	19 Raymond Street,	Lincoln, RI	02865
Noorjahan Memon	19 Raymond Street,	Lincoln, RI	02865

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 1,000

CLASS Common

SERIES

PAR VALUE OR
WITHOUT PAR no par value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 1,000

CLASS Common

SERIES

PAR VALUE OR
WITHOUT PAR no par value

Date 6-3-94

FILED

JUN 6 1994

By Rock #1260

By:

Janu N. Memon

Janu Memon
PRINT OR TYPE NAME OF OFFICER SIGNING

President
TITLE OF OFFICER SIGNING

Form 31-1/94

DESIGNATED REGISTERED OR RESIDENT 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.

JANU N. MEMON
596 PAWTUCKET AVENUE
PAWTUCKET RI 02860

Filing Fee \$50.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID ~~05-0449409~~ 58209

Annual Report for the year ~~1992~~ 1993

FIRST: The name of the corporation is A-1 COPIER SALES SERVICE & SUPPLY, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is sales and service of copy machines and related products.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 596 Pawtucket Avenue, Pawtucket, RI 02860

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Janu Memon	Director	19 Raymond Ave. ^{ST.} , Lincoln, RI 02865
	Director	
	Director	
Janu Memon	President	19 Raymond St. ^{ST.} , Lincoln, RI 02865
	Vice President	
Janu Memon	Secretary	19 Raymond St., Lincoln, RI 02865
Janu Memon	Treasurer	19 Raymond St., Lincoln, RI 02865

SEVENTH: Number of Shares authorized:

No. of Shares	Class
1,000	common

Series

FILED

DEC 9 1993

By

Series

816

Par Value
or statement that
shares are without
par value

no par

EIGHTH: Number of Shares issued:

No. of Shares	Class
1,000	common

Par Value
or statement that
shares are without
par value

no par

Dated December 7 19 93

A-1 COPIER SALES SERVICE & SUPPLY, INC.

(Name of Corporation)

By

PRESIDENT

Title

(Report must be signed by an officer)

Filing Fee \$50.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

1992

Corporate ID 0058209 Annual Report for the year 1992

FIRST: The name of the corporation is A-1 COPIER, SALES, SERVICE & SUPPLY, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Copiers, Sales, and Service

FOURTH: If foreign corporation, address of its principal office not applicable

FIFTH: Business address in Rhode Island 596 Pawtucket Ave Pawtucket RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Janu N. Memon	Director	19 Raymond St, Lincoln RI 02865
Noor J. Memon	Director	19 Raymond St, Lincoln RI 02865
	Director	
Janu N. Memon	President	19 Raymond St, Lincoln RI 02865
Noor J. Memon	Vice President	19 Raymond St, Lincoln RI 02865
Janu N. Memon	Secretary	19 Raymond St, Lincoln RI 02865
Janu N. Memon	Treasurer	19 Raymond St, Lincoln RI 02865

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common	none	No par

PAID

APR 15 1992

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common	none	No par

SECY OF STATE

Dated February 26, 1992 19

A-1 COPIER, SALES, SERVICE & SUPPLY, INC.
(Name of Corporation)

By Janu N. Memon

(Report must be signed by an officer)

Title Janu N. Memon Owner/President

Filing Fee \$50.00

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

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

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Copiers, Sales and Service

FOURTH: If foreign corporation, address of its principal office.

(not applicable)

FIFTH: Business address in Rhode Island 197 Beverage Hill Ave

Pawtucket, RI 02860

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Janu Memon Director 82 Warren Ave., Pawtucket, RI 02860

Noor J. Memon Director 82 Warren Ave., Pawtucket, RI 02860

Director

Janu Memon President 82 Warren Ave., Pawtucket, RI 02860

Noor J. Memon Vice President 82 Warren Ave., Pawtucket, RI 02860

Janu Memon Secretary 82 Warren Ave., Pawtucket, RI 02860

Janu Memon Treasurer 82 Warren Ave., Pawtucket, RI 02860

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

1000

Common

none

No Par

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

1000

Common

none

No Par

Dated October 7 19 91

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

(Name of Corporation)

By Janu N. Memon

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

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Corporate ID 0058209 Annual Report for the year 1990

FIRST: The name of the corporation is A-I COPIER, SALES, SERVICE & SUPPLY, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is COPIERS, SALES & SERVICE

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 195 BEVERAGE HILL AVE.
PAWTUCKET, RI 02861

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>JANU MEMON</u>	Director	<u>82 WARREN AVE. PAWT. RI 02861</u>
<u>NOOR JAHAN MEMON</u>	Director	<u>"</u>
	Director	
<u>JANU MEMON</u>	President	<u>"</u>
<u>NOOR JAHAN MEMON</u>	Vice President	<u>"</u>
<u>JANU MEMON</u>	Secretary	<u>"</u>
<u>JOSE MEMON</u>	Treasurer	<u>"</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>1000</u>	<u>COMMON</u>	<u>NONE</u>	<u>NO PAR</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>COMMON</u>	<u>NONE</u>	<u>NO PAR</u>

Dated 1-29- 1990

A-I COPIER, SALES, SERVICE & SUPPLY, INC.
(Name of Corporation)

By *[Signature]*

Title Pres.

(Report must be signed by an officer)