



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 JUL 30 PM 2:42

Annual Report for the year: 2017
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 001662584		2. Exact name of the Corporation Election Data Services, Inc.			
3. Principal Office Address 6171 Emerywood Court			City Manassas	State VA	Zip 20112
4. NAICS Code <i>238210</i> Identific an		6. Brief description of the character of business conducted in Rhode Island Redistricting, mapping, reprecincting and drawing districts.			
5. State of Incorporation Virginia					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kimball W. Brace			Vice-President Name Patricia Cummings Fetter		
Street Address 6171 Emerywood Court			Street Address 6171 Emerywood Court		
City Manassas	State VA	Zip 20112	City Manassas	State VA	Zip 20112
Secretary Name Kimberly G. Edwards			Treasurer Name Patricia Cummings Fetter		
Street Address 4312 Sabrina Lake Road			Street Address 6171 Emerywood Court		
City Winston Salem	State NC	Zip 27127	City Manassas	State VA	Zip 20112
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
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
			1,000	Common	0
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 <i>Patricia Cummings Fetter</i>				Date 4/17/2018	
Signature of Authorized Representative <i>Patricia Cummings Fetter</i>				SIGN DOCUMENT HERE	

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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 FORM 2337 Revised: 02/2017
 BY *[Signature]* 3:06