



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 SECRETARY OF STATE
 CORPORATIONS DIV

2019 FEB -8 PM 3:27

1. Entity ID Number 58209		2. Exact name of the Corporation A-1 COPIER, SALES, SERVICE & SUPPLY, INC.												
3. Principal Office Address 76 East Street			City Pawtucket	State RI	Zip 02860									
4. NAICS Code 532420	6. Brief description of the character of business conducted in Rhode Island Sales, service and supplies of copiers, printers and business machines and any other lawful business.													
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 Janu Memon			Vice-President Name Joseph V. Gilio, Jr.											
Street Address 76 East Street			Street Address 76 East Street											
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860									
Secretary Name Noorjahan Memon			Treasurer Name Janu Memon											
Street Address 76 East Street			Street Address 76 East Street											
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Noorjahan Memon			Director Name Joseph V. Gilio, Jr.											
Street Address 76 East Street			Street Address 76 East Street											
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860									
Director Name Janu Memon			Director Name											
Street Address 76 East Street			Street Address											
City Pawtucket	State RI	Zip 02860	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
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100	Common	No Par Value												
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 Janu Memon, President Noor Memon				Date 2/10/19										
Signature of Authorized Representative <i>Janu Memon</i>				SIGN DOCUMENT HERE FILED										

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