



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.

FILED

APR 18 2019

2 STAMP

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1. Entity ID Number 2364		2. Exact name of the Corporation Beta Comp International, Inc.			
3. Principal Office Address 1551 Centreville Road			City Warwick	State RI	Zip 02886
4. NAICS Code 334111		6. Brief description of the character of business conducted in Rhode Island Sale and distribution of computer data.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Raymond E. Calore			Vice-President Name Andrew Calore		
Street Address 231 Quaker Lane			Street Address 231 Quaker Lane		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Andrew Calore			Treasurer Name Raymond E. Calore		
Street Address 231 Quaker Lane			Street Address 231 Quaker Lane		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Raymond E. Calore			Director Name Andrew Calore		
Street Address 231 Quaker Lane			Street Address 231 Quaker Lane		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02889
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			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 Raymond E. Calore				Date 4/15/19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	