



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** *2* STAMP  
APR 18 2019

W 1325

1. Entity ID Number <b>2364</b>		2. Exact name of the Corporation <b>Beta Comp International, Inc.</b>			
3. Principal Office Address <b>1551 Centreville Road</b>		City <b>Warwick</b>		State <b>RI</b>	Zip <b>02886</b>
4. NAICS Code <b>334111</b>		6. Brief description of the character of business conducted in Rhode Island <b>Sale and distribution of computer data.</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Raymond E. Calore</b>			Vice-President Name <b>Andrew Calore</b>		
Street Address <b>231 Quaker Lane</b>			Street Address <b>231 Quaker Lane</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
Secretary Name <b>Andrew Calore</b>			Treasurer Name <b>Raymond E. Calore</b>		
Street Address <b>231 Quaker Lane</b>			Street Address <b>231 Quaker Lane</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Raymond E. Calore</b>			Director Name <b>Andrew Calore</b>		
Street Address <b>231 Quaker Lane</b>			Street Address <b>231 Quaker Lane</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02889</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>No par value</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Raymond E. Calore</b>				Date <b>4/15/19</b>	
Signature of Authorized Representative 				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](http://www.sos.ri.gov)