



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. 67328		2. Name of Corporation AUTOMATED BUSINESS MACHINES, INC.	
3. Street Address Principal Business Office 415 KILVERT STREET		City WARWICK	State RI
		Zip 02886	
4. Business Phone No. 4017323000		5. State of Incorporation RHODE ISLAND	
		6. SIC Code 7773	
7. Brief Description of the Character of Business Conducted in Rhode Island TO SELL, DISTRIBUTE, SERVICE AND REPAIR COPY MACHINES, FACSIMILE MACHINES.			

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Alan P. Albergaria		Vice President Name Robert Maceroni			
Street Address 16 Long View Court		Street Address 25 Sheffield Avenue			
City South Kingstown	State RI	Zip 02822	City North Providence	State RI	Zip 02911
Secretary Name Robert Maceroni		Treasurer Name Alan P. Albergaria			
Street Address 25 Sheffield Avenue		Street Address 16 Long View Court			
City North Providence	State RI	Zip 02911	City South Kingstown	State RI	Zip 02822

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Alan P. Albergaria		Director Name Robert Maceroni			
Street Address 16 Long View Court		Street Address 25 Sheffield Avenue			
City South Kingstown	State RI	Zip 02822	City North Providence	State RI	Zip 02911
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
2,000	NO PAR VALUE		0		

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



67328 DBC 05/09/05 04:44:30 PM

File Date 6-10-05

Check No. 7148

By: DV

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.

Alan P. Albergaria 5/12/05
Signature of Officer Date

Alan P. Albergaria
Print or Type Name of Officer

President
Title of Officer

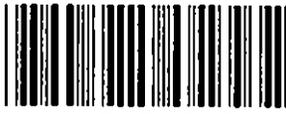


PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 67328		2. Name of Corporation AUTOMATED BUSINESS MACHINES, INC.			
3. Street Address Principal Business Office 415 kilvert Street			City Warwick	State RI	Zip 02886
4. Business Phone No. 401-732-3000		5. State of Incorporation RHODE ISLAND		6. SIC Code 7773	
7. Brief Description of the Character of Business Conducted in Rhode Island TO SELL, DISTRIBUTE, SERVICE AND REPAIR COPY MACHINES, FACSIMILE MACHINES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Alan P. Albergaria			Vice President Name Robert Maceroni		
Street Address 16 Long View Court			Street Address 25 Sheffield Avenue		
City South Kingstown	State RI	Zip 02822	City North Providence	State RI	Zip 02911
Secretary Name Robert Maceroni			Treasurer Name Alan P. Albergaria		
Street Address 25 Sheffield Avenue			Street Address 16 Long View Court		
City North Providence	State RI	Zip 02911	City South Kingstown	State RI	Zip 02822
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Alan P. Albergaria			Director Name Robert Maceroni		
Street Address 16 Long View Court			Street Address 25 Sheffield Avenue		
City South Kingstown	State RI	Zip 02822	City North Providence	State RI	Zip 02911
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
2,000 NO PAR VALUE			0		

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



* 6 7 3 2 8 *

File Date 1-7-04
Check No. 6213
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 hereon are true and correct.

[Signature] 12/31/03
Signature of Officer Date
Alan P. Albergaria
Print or Type Name of Officer
President
Title of Officer



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. 67328
2. Name of Corporation AUTOMATED BUSINESS MACHINES, INC.
3. Street Address Principal Business Office 415 KILVERT STREET
City WARWICK State RI Zip 02886
4. Business Phone No. 4017323000
5. State of Incorporation RHODE ISLAND
6. SIC Code 7773
7. Brief Description of the Character of Business Conducted in Rhode Island
TO SELL, DISTRIBUTE, SERVICE AND REPAIR COPY MACHINES, FACSIMILE MACHINES.

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

President Name			Vice President Name		
Alan P. Albergaria			Robert Maceroni		
Street Address			Street Address		
16 Long View Court			25 Sheffield Ave.		
City	State	Zip	City	State	Zip
South Kingstown	RI	02822	North Providence	RI	02911
Secretary Name			Treasurer Name		
Robert Maceroni			Alan P. Albergaria		
Street Address			Street Address		
25 Sheffield Ave.			16 Long View Court		
City	State	Zip	City	State	Zip
North Providence	RI	02911	South Kingstown	RI	02822

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

Director Name			Director Name		
Alan P. Albergaria			Robert Maceroni		
Street Address			Street Address		
16 Long View Court			25 Sheffield Ave.		
City	State	Zip	City	State	Zip
South Kingstown	RI	02822	North Providence	RI	02911
Director Name			Director Name		
Street Address			Street Address		
City			City		
State			State		
Zip			Zip		

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
2000	NO PAR VALUE	

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
100	COMMON	NONE

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



6 7 3 2 8

67328 DBC 09/18/03 02:32:28 PM
File Date 9-29-03
Check No. 60074
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] 9-19-03
Signature of Officer Date
Alan P. Albergaria
Print or Type Name of Officer
President
Title of Officer



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. **67328** 2. Name of Corporation **AUTOMATED BUSINESS MACHINES, INC.**
3. Street Address Principal Business Office **415 Kilvert Street** City **Warwick** State **RI** Zip **02886**
4. Business Phone No. **(401)732-3000** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7773**

7. Brief Description of the Character of Business Conducted in Rhode Island
Sale and service of office equipment and any other lawful activities.

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

President Name Alan P. Albergaria	Vice President Name Robert Maceroni
Street Address 155 Beechwood Hill Road	Street Address 25 Sheffield Avenue
City State Zip Exeter RI 02822	City State Zip North Providence RI 02911
Secretary Name Leonard Kaminski	Treasurer Name Leonard Kaminski
Street Address 42 Happy Valley Road	Street Address 42 Happy Valley Road
City State Zip Westerly RI 02891	City State Zip Westerly RI 02891

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

Director Name Alan P. Albergaria	Director Name Leonard Kaminski
Street Address 155 Beechwood Hill Road	Street Address 42 Happy Valley Road
City State Zip Exeter RI 02822	City State Zip Westerly RI 02891
Director Name Robert Maceroni	
Street Address 25 Sheffield Avenue	
City State Zip North Providence RI 02911	

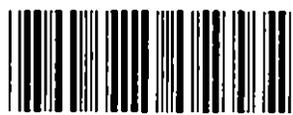
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	2,000	NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	Common	None

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



* 6 7 3 2 8 *

File Date: 1-17-02
Check No.: 5167
By: [Signature]

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] Date 1/4/02
Signature of Officer
Alan P. Albergaria
Print or Type Name of Officer
President
Title of Officer



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. **67328** 2. Name of Corporation **AUTOMATED BUSINESS MACHINES, INC.**
3. Street Address Principal Business Office City State Zip
415 Kilvert Street Warwick RI 02886
4. Business Phone No. (401) 732-3000 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7773**

7. Brief Description of the Character of Business Conducted in Rhode Island
Sale & service of office equipment & any other lawful activities

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

President Name Alan P. Albergaria	Vice President Name Robert Maceroni
Street Address 155 Beechwood Hill Road	Street Address 25 Sheffield Avenue
City State Zip Exeter RI 02822	City State Zip No. Prov. RI 02911
Secretary Name Leonard Kaminski	Treasurer Name Leonard Kaminsky
Street Address 42 Happy Valley Road	Street Address 42 Happy Valley Road
City State Zip Westerly RI 02891	City State Zip Westerly RI 02891

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

Director Name Alan P. Albergaria	Director Name Leonard Kaminsky
Street Address 155 Beechwood Hill Road	Street Address 42 Happy Valley Road
City State Zip Exeter RI 02822	City State Zip Westerly RI 02891
Director Name Robert Maceroni	Director Name [Blank]
Street Address 25 Sheffield Avenue	Street Address [Blank]
City State Zip North Prov. RI 02911	City State Zip [Blank]

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
2,000 SHS	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	None

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



* 6 7 3 2 8 *

File Date: 1/29
4730
Check No.: _____
By: ae

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: [Signature] Date: 12/31/00
Alan P. Albergaria
Print or Type Name of Officer
President
Title of Officer



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. **67328** 2. Name of Corporation **AUTOMATED BUSINESS MACHINES, INC.**
3. Street Address Principal Business Office City State Zip
11 Knight Street, D15 Warwick RI 02886
4. Business Phone No. (401)732-3000 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7773**

7. Brief Description of the Character of Business Conducted in Rhode Island
Sale and service of office equipment and any other lawful activities.

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

President Name Alan P. Albergaria Street Address 155 Beechwood Hill Road City State Zip Exeter RI 02822	Vice President Name Robert Maceroni Street Address 25 Sheffield Avenue City State Zip North Providence RI 02911
Secretary Name Leonard Kaminski Street Address 42 Happy Valley Road City State Zip Westerly RI 02891	Treasurer Name Leonard Kaminski Street Address 42 Happy Valley Road City State Zip Westerly RI 02891

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

Director Name Alan P. Albergaria Street Address 155 Beechwood Hill Road City State Zip Exeter RI 02822	Director Name Leonard Kaminski Street Address 42 Happy Valley Road City State Zip Westerly RI 02891
Director Name Robert Maceroni Street Address 25 Sheffield Avenue City State Zip North Providence RI 02911	

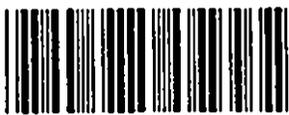
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
2,000 SHS NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100	Common	0

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



* 6 7 3 2 8 *

FILED

File Date: **DEC 30 1999**

Check No.: By **624175**

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.

Alan P. Albergaria 12/29
Signature of Officer Date

Alan P. Albergaria - President

Print or Type Name of Officer

Title of Officer



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 **67328** 2. Name of Corporation **AUTOMATED BUSINESS MACHINES, INC.**
3. Street Address Principal Business Office **11 KNIGHT STREET** City **Warwick** State **RI** Zip **02886**
4. Business Phone No. **(401) 732-3000** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7773**
7. Brief Description of the Character of Business Conducted in Rhode Island **to sell, distribute, service and repair copy machines, facsimile machines, and all other purposes.**

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

President Name Alan Albergaria	Vice President Name Robert Maceroni
Street Address 74 Grant Avenue	Street Address 42 Happy Valley Road
City State Zip Wakefield RI 02879	City State Zip Westerly RI 02891
Secretary Name Leonard Kaminski	Treasurer Name Alan Albergaria
Street Address 25 Sheffield Avenue	Street Address 74 Grant Avenue
City State Zip North Providence RI 02911	City State Zip Wakefield RI 02879

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

Director Name Alan Albergaria	Director Name Robert Maceroni
Street Address 74 Grant Avenue	Street Address 42 Happy Valley Road
City State Zip Wakefield RI 02879	City State Zip Westerly RI 02891
Director Name Leonard Kaminski	
Street Address 25 Sheffield Avenue	
City State Zip North Providence RI 02911	

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
2,000 SHS NO PAR VALUE	2000 common no par value

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.

Signature of Officer: *[Signature]* Date: **2/23/99**

ALAN ALBERGARIA
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date: **FILED**

Check No: **FEB 24 1999**

By: *[Signature]* **6896**

FOR SECRETARY OF STATE USE ONLY



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. **67328** 2. Name of Corporation **AUTOMATED BUSINESS MACHINES, INC.**
3. Street Address Principal Business Office City State Zip
12 Greco Lane Warwick RI 02886
4. Business Phone No. 5. State of Incorporation 6. SIC Code
(401) 732-3000 RHODE ISLAND 7773
7. Brief Description of the Character of Business Conducted in Rhode Island **to sell, distribute, service and repair copy machines, facsimile machines, and all other purposes.**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Alan Albergaria Street Address 74 Grant Avenue City State Zip Wakefield RI 02879 Secretary Name Leonard Kaminski Street Address 42 Happy Valley Road City State Zip Westerly, RI 02891	Vice President Name Robert Maceroni Street Address 25 Sheffield Avenue City State Zip North Providence, RI 02911 Treasurer Name Alan Albergaria Street Address 74 Grant Avenue City State Zip Wakefield RI 02879
--	---

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Alan Albergaria Street Address 74 Grant Avenue City State Zip Wakefield RI 02879	Director Name Leonard Kaminski Street Address 42 Happy Valley Road City State Zip Westerly, RI 02891
Director Name Robert Maceroni Street Address 25 Sheffield Avenue City State Zip North Providence RI	

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

AUTHORIZED SHARES	Class/Series	Par Value
2,000 SHS	NO PAR VALUE	

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

ISSUED SHARES	Class/Series	Par Value
2000	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: 4-1-98
Check No.: 4936
By: AMF

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]
Signature of Officer _____ Date _____
ALAN ALBERGARIA
Print or Type Name of Officer
PRESIDENT
Title of Officer



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. **67328** 2. Name of Corporation **AUTOMATED BUSINESS MACHINES, INC.**

3. Street Address Principal Business Office **12 Greco Lane** City **Warwick** State **RI** Zip **02886**

4. Business Phone No. **(401) 732-3000** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7773**

7. Brief Description of the Character of Business Conducted in Rhode Island to sell, distribute, service and repair copy machines, facsimile machines, and all other purposes.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

<p>President Name Alan Albergaria Street Address 74 Grant Avenue City Wakefield State RI Zip 02879</p> <p>Secretary Name Leonard Kaminski Street Address 25 Sheffield Avenue City North Providence State RI Zip 02911</p>	<p>Vice President Name Robert Maceroni Street Address 42 Happy Valley Road City Westerly State RI Zip 02891</p> <p>Treasurer Name Alan Albergaria Street Address 74 Grant Avenue City Wakefield State RI Zip 02879</p>
---	--

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

<p>Director Name Alan Albergaria Street Address 74 Grant Avenue City Wakefield State RI Zip 02879</p> <p>Director Name Robert Maceroni Street Address 42 Happy Valley Road City Westerly State RI Zip 02891</p>	<p>Director Name Leonard Kaminski Street Address 25 Sheffield Avenue City North Providence State RI Zip 02911</p>
---	--

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 SHS	NO PAR VALUE		2000	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: 2-3-97

Check No.: 2549

By: WP / SEC

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: [Signature] Date: 1/24/97

Print or Type Name of Officer: ALAN ALBERGARIA

Title of Officer: PRESIDENT

ANNUAL REPORT

1996

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



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 0067328
2. NAME OF CORPORATION AUTOMATED BUSINESS MACHINES, INC.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE
12 Greco Lane Warwick RI 02886
4. BUSINESS PHONE NO. (401) 732-3000
5. STATE OF INCORPORATION RHODE ISLAND
6. SIC CODE 7773

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
To sell, distribute, service and repair copy machines, facsimile machines, and all other purposes, and for any other purposes for which corporations may be organized under the law of the State of RI; and to have all powers conferred upon corporations under the RI Business Corporation Act.

8. NAMES AND ADDRESSES OF THE DIRECTORS

STREET ADDRESS Alan Albergaria 74 Grant Avenue Wakefield RI 02879	STREET ADDRESS Robert Maceroni 42 Happy Valley Road Westerly RI 02891
STREET ADDRESS Leonard Kaminski 25 Sheffield Avenue North Providence RI 02911	STREET ADDRESS Alan Albergaria 74 Grant Avenue Wakefield RI 02879

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME Leonard Kaminski STREET ADDRESS 25 Sheffield Avenue CITY STATE ZIP CODE North Providence RI 02911	DIRECTOR NAME Alan Albergaria STREET ADDRESS 74 Grant Avenue CITY STATE ZIP CODE Wakefield RI 02879
DIRECTOR NAME Robert Maceroni STREET ADDRESS 42 Happy Valley Road CITY STATE ZIP CODE Westerly RI 02891	

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
2000	no par value		2000	common	no par value

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: 3/28/96
Check No: 033130
By: *u/p*
For Secretary of State Use Only

Signature of Officer: *Alan Albergaria*
Alan Albergaria
Print or Type Name of Officer
President
Title of Officer
2/15/96
Date
FORM 31 12/95



Office of The Secretary of State
 100 North Main Street
 Providence, Rhode Island 02903-1335
 401-277-3040

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: 0067328 Annual Report for the year: 1995

Name of Corporation: AUTOMATED BUSINESS MACHINES, INC.

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

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

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

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

Phone: ()

To sell, distribute, service
and repair copy machines,
facsimile machines

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

12 Greco Lane
Warwick, RI

Phone: (401) 732-3000

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Alan Albergaria	74 Grant Avenue	Wakefield, RI	02879
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Robert Maceroni	42 Happy Valley Road	Westerly, RI	02891
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Alan Albergaria	74 Grant Avenue	Wakefield, RI	02879
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Leonard Kaminski	25 Sheffield Avenue	North Providence, RI	02911

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Leonard Kaminski	25 Sheffield Avenue	North Providence, RI	02911
Alan Albergaria	74 Grant Avenue	Wakefield, RI	02879
Robert Maceroni	42 Happy Valley Road	Westerly, RI	02891

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
<u>100</u> <u>2000</u>	no par value		

Date December 29, 1995

By:
 Alan Albergaria
PRINT OR TYPE NAME OF OFFICER SIGNING
 President
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
 DEC 29 1995
 4059
 153370

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE OR PRINT
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

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 05-0464566 GBB Annual Report for the year: 1994

Name of Business Entity: Automated Business Machines, Inc.

Business entity organized under the laws of the State of: <u>Rhode Island</u> Federal Taxpayer Identification Number: <u>05-0464566</u> 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): <u>936 Smithfield Avenue, Lincoln, RI 02865</u> _____ Phone: <u>(401) 724-2400</u>	Business Entity is (check one): <input checked="" type="checkbox"/> Business Corporation (See RIGL Chapter 7-1.1) <input type="checkbox"/> Professional Service Corporation (See RIGL Chapter 7-5.1) <input type="checkbox"/> Limited Liability Company (See RIGL 7-16) Name, title and mailing address of contact person to whom communications may be directed: <u>Jonathan F. Oster</u> <u>Attorney</u> <u>936 Smithfield Avenue,</u> <u>Lincoln, Rhode Island, 02865</u> Brief statement of the character of business conducted in Rhode Island: <u>Business Machines sold and maintenance</u> Date of Organization: <u>March 17, 1992</u> Date of Qualification to do business in Rhode Island (if foreign entity): _____
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THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	<u>Alan Albergaria, 74 Grant Avenue,</u>	<u>Wakefield, RI</u>	<u>02879</u>
<input type="checkbox"/> CHIEF OPERATIONAL OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	<u>Robert Maceroni, 45 Orchard Street,</u>	<u>North Providence, RI</u>	<u>02911</u>
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (Check One)	<u>Leonard Kaminski, 42 Happy Valley Road,</u>	<u>Westerly, RI</u>	<u>02891</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	<u>Leonard Kaminski, 42 Happy Valley Road,</u>	<u>Westerly, RI</u>	<u>02891</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Alan Albergaria,</u>	<u>74 Grant Avenue,</u>	<u>Wakefield, Rhode Island,</u>	<u>02879</u>
<u>Robert Maceroni,</u>	<u>45 Orchard Street,</u>	<u>North Providence, Rhode Island</u>	<u>02911</u>
<u>Leonard Kaminski,</u>	<u>42 Happy Valley Road,</u>	<u>Westerly, Rhode Island,</u>	<u>02891</u>

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER <u>2,000</u>	NUMBER <u>100</u>
CLASS <u>Common</u>	CLASS <u>common</u>
SERIES _____	SERIES _____
PAR VALUE OR WITHOUT PAR <u>No par value</u>	PAR VALUE OR WITHOUT PAR <u>no par value</u>

Date January 13, 19 95 By: Leonard Kaminski

 PRINT OR TYPE NAME OF OFFICER SIGNING
Secretary
 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.

FILED
 JAN 15 1995
 05-0464566

RICHARD A. PACIA
 50 POWER ROAD
 PANTUCKET RI 02860

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

hc 1747

Corporate ID 0057328 Annual Report for the year 1993

FIRST: The name of the corporation is AUTOMATED BUSINESS MACHINES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is To sell, distribute, service and repair copy machines, facsimile machines

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 50 Power Road, Pawtucket, RI 02860

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

Name	Office	Address (including number, street, zip code)
.....	Director
.....	Director
.....	Director
<u>Kenneth J. LaFauci</u>	President	<u>228 Waterman Ave., N. Providence, RI 0290</u>
.....	Vice President
.....	Secretary
.....	Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series
<u>2000</u>		

Par Value or statement that shares are without par value

No par value

PAID

JUN 10 1993

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series

Par Value or statement that shares are without par value

SECY OF STATE

Dated March 30, 19 93

AUTOMATED BUSINESS MACHINES, INC.
(Name of Corporation)

By Kenneth J. LaFauci Pres

Title President

(Report must be signed by an officer)