



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

STAMP

JUN 12 2019

BY

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1. Entity ID Number <b>18816</b>		2. Exact name of the Corporation <b>Reliable Cash Register, Inc.</b>			
3. Principal Office Address <b>43 Barbara Jean Street</b>		City <b>Worcester</b>		State <b>MA</b>	Zip <b>01607</b>
4. NAICS Code <b>42 - Wholesale Trade</b>		6. Brief description of the character of business conducted in Rhode Island <b>Repair sale and maintenance of cash registers and point of sale systems.</b>			
5. State of Incorporation <b>Rhode Island</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>Thomas A. Mazzeo</b>			Vice-President Name <b>Thomas A. Mazzeo</b>		
Street Address <b>43 Barbara Jean Street</b>			Street Address <b>43 Barbara Jean Street</b>		
City <b>Grafton</b>	State <b>MA</b>	Zip <b>01519</b>	City <b>Grafton</b>	State <b>MA</b>	Zip <b>01519</b>
Secretary Name <b>Marilyn A. Mazzeo</b>			Treasurer Name <b>Marilyn A. Mazzeo</b>		
Street Address <b>43 Barbara Jean Street</b>			Street Address <b>43 Barbara Jean Street</b>		
City <b>Grafton</b>	State <b>MA</b>	Zip <b>01519</b>	City <b>Grafton</b>	State <b>MA</b>	Zip <b>01519</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			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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"/>			
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 				Date <b>05-29-2019</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

FORM 630 - Revised: 02/2017