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.

1. Entity ID Number	2. Exact name of the Corporation
001680117	DMC COURT REPORTING INC

3. Principal Office Address	City	State	Zip
2 LAFAZIA DRIVE	JOHNSTON	RI	02919

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541600	TRANSCRIPTION SERVICE
5. State of Incorporation	
RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
DARLENE M COPPOLA	DARLENE M COPPOLA
Street Address: 2 LAFAZIA DRIVE	Street Address: 2 LAFAZIA DRIVE
City: JOHNSTON, State: RI, Zip: 02919	City: JOHNSTON, State: RI, Zip: 02919
Secretary Name	**Treasurer Name**
DARLENE M COPPOLA	DARLENE M COPPOLA
Street Address: 2 LAFAZIA DRIVE	Street Address: 2 LAFAZIA DRIVE
City: JOHNSTON, State: RI, Zip: 02919	City: JOHNSTON, State: RI, Zip: 02919

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	1000	COMMON	NO PAR
Changes require an additional filing.			

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: JOSEPH FAMIGLIETTI CPA — Date: 10-5-19

Signature of Authorized Representative: Joseph Famiglietti CPA — SIGN DOCUMENT **FILED**

RECEIVED
2019 OCT 10 AM 11:38
RI DEPT. OF STATE
BUS. SVCS. DIV.

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

OCT 10 2019
BY KL 7W7 KD
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FORM 630 - Revised: 10/2017