



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**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. 84739		2. Name of Corporation Comp-u-Doc, Inc.			
3. Street Address Principal Business Office 12 SHENANDOAH ROAD			City WARWICK	State RI	Zip 02886
4. Business Phone No. 401884432		5. State of Incorporation RHODE ISLAND		6. SIC Code 7922	
7. Brief Description of the Character of Business Conducted in Rhode Island TO CARRY ON THE BUSINESS OF A GENERAL COMPUTER WHOLESALE/RETAIL DEALER.					

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

President Name Kathleen M. Lewis			Vice President Name Everett C Lewis		
Street Address 12 Shenandoah Road			Street Address 12 Shenandoah Road		
City Warwick	State RI	Zip 02886-8714	City Warwick	State RI	Zip 02886-8714
Secretary Name Everett C Lewis			Treasurer Name Everett C Lewis		
Street Address 12 Shenandoah Road			Street Address 12 Shenandoah Road		
City Warwick	State RI	Zip 02886-8714	City Warwick	State RI	Zip 02886-8714

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

Director Name Kathleen M. Lewis			Director Name Everett C Lewis		
Street Address 12 Shenandoah Road			Street Address 12 Shenandoah Road		
City Warwick	State RI	Zip 02886-8714	City Warwick	State RI	Zip 02886-8714
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5,000	NO PAR VALUE		4,000		No Par

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



8 4 7 3 9

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: Everett C Lewis Date: 2/26/05

Print or Type Name of Officer  
Everett C Lewis

Vice President  
Title of Officer

\*84739 DBC 02/25/05 09:01 PM\*

**FILED**

File Date: MAR 01 2005 3944

Check No. \_\_\_\_\_

By: EB

FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 84739		2. Name of Corporation Comp-u-Doc, Inc.	
3. Street Address Principal Business Office 12 SHENANDOAH ROAD		City WARWICK	State RI
		Zip 02886-8714	
4. Business Phone No. 401.884.4432	5. State of Incorporation RHODE ISLAND		6. SIC Code 7922
7. Brief Description of the Character of Business Conducted in Rhode Island TO CARRY ON THE BUSINESS OF A GENERAL COMPUTER WHOLESALE/RETAIL DEALER.			

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

President Name KATHLEEN M LEWIS		Vice President Name EVERETT C LEWIS	
Street Address 12 SHENANDOAH ROAD		Street Address 12 SHENANDOAH ROAD	
City WARWICK	State RI	Zip 02886-8714	City WARWICK
			State RI
			Zip 02886-8714
Secretary Name EVERETT C LEWIS		Treasurer Name EVERETT C LEWIS	
Street Address 12 SHENANDOAH ROAD		Street Address 12 SHENANDOAH ROAD	
City WARWICK	State RI	Zip 02886-8714	City WARWICK
			State RI
			Zip 02886-8714

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

Director Name KATHLEEN M LEWIS		Director Name EVERETT C LEWIS	
Street Address 12 SHENANDOAH ROAD		Street Address 12 SHENANDOAH ROAD	
City WARWICK	State RI	Zip 02886-8714	City WARWICK
			State RI
			Zip 02886-8714
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
5,000	NO PAR VALUE		4,000		NO PAR

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



8 4 7 3 9

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.

*Everett C. Lewis* 01/15/2004  
Signature of Officer Date  
Everett C. Lewis  
Print or Type Name of Officer  
Vice President  
Title of Officer

\*84739 DBC 01/14/04 09:08:05 PM\*  
File Date 2-3-04  
Check No. 3428  
By: EL  
FOR SECRETARY OF STATE USE ONLY



**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. *84739*		2. Name of Corporation Comp-u-Doc, Inc.			
3. Street Address Principal Business Office 12 Shenandoah Road			City Warwick	State RI	Zip 02886-8714
4. Business Phone No. 401-884-4432		5. State of Incorporation RHODE ISLAND			6. SIC Code 7922
7. Brief Description of the Character of Business Conducted in Rhode Island TO Carry on the business of a general computer wholesaler, retail dealer and value added reseller.					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kathleen M. Lewis		Vice President Name Everett C. Lewis			
Street Address 12 Shenandoah Road		Street Address 12 Shenandoah Road			
City Warwick	State RI	Zip 02886-8714	City Warwick	State RI	Zip 02886
Secretary Name Everett C. Lewis		Treasurer Name Everett C. Lewis			
Street Address 12 Shenandoah Road		Street Address 12 Shenandoah Road			
City Warwick	State RI	Zip 02886-8714	City Warwick	State RI	Zip 02886-8714
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kathleen M. Lewis		Director Name Everett C. Lewis			
Street Address 12 Shenandoah Road		Street Address 12 Shenandoah Road			
City Warwick	State RI	Zip 02886-8714	City Warwick	State RI	Zip 02886-8714
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
5,000	NO PAR VALUE		4,000		No Par

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



\* 8 4 7 3 9 \*

\*\*84739\* 2/18/03 11:37:01 AM\*

File Date 2-21-03

Check No. 3391

By: ELP

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.

By: ELP February 19 2003

Signature of Officer Date

Everett C. Lewis

Print or Type Name of Officer

Vice President / Secretary / Treasurer

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. **84739** 2. Name of Corporation **Comp-u-Doc, Inc.**  
3. Street Address Principal Business Office **12 Shenandoah Road** City **Warwick** State **RI** Zip **02886**  
4. Business Phone No. **401-884-4432** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7922**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Computer VAR - Hardware, Software and Services.**

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

President Name <b>Kathleen M. Lewis</b> Street Address <b>12 Shenandoah Road</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>	Vice President Name <b>Everett C. Lewis</b> Street Address <b>12 Shenandoah Road</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>
Secretary Name <b>Everett C. Lewis</b> Street Address <b>12 Shenandoah Road</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>	Treasurer Name <b>Everett C. Lewis</b> Street Address <b>12 Shenandoah Road</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>

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

Director Name <b>Kathleen M. Lewis</b> Street Address <b>12 Shenandoah Road</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>	Director Name <b>Everett C. Lewis</b> Street Address <b>12 Shenandoah Road</b> City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>
--------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**5,000 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**4,000 No Par**

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



\* 8 4 7 3 9 \*

File Date: 3.12.02  
Check No.: 3379  
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] 2/27/02  
Signature of Officer Date  
**Everett C. Lewis**  
Print or Type Name of Officer  
**Vice 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. **84739**      2. Name of Corporation **Comp-u-Doc, Inc.**  
3. Street Address Principal Business Office **12 Shenandoah Rd**      City **Warwick**      State **RI**      Zip **02886**  
4. Business Phone No. **401-884-4432**      5. State of Incorporation **RHODE ISLAND**      6. **51922**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Computer VAR, Hardware, Software & Support**

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

President Name <b>Kathy Lewis</b>	Vice President Name <b>Everett Lewis</b>
Street Address <b>same</b>	Street Address <b>same</b>
City      State      Zip	City      State      Zip
Secretary Name <b>Everett Lewis</b>	Treasurer Name <b>Everett Lewis</b>
Street Address <b>same</b>	Street Address <b>same</b>
City      State      Zip	City      State      Zip

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

Director Name <b>Kathy Lewis</b>	Director Name <b>Everett Lewis</b>
Street Address <b>same</b>	Street Address <b>same</b>
City      State      Zip	City      State      Zip
Director Name	Director Name
Street Address	Street Address
City      State      Zip	City      State      Zip

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

AUTHORIZED SHARES  
Number of Shares      Class/Series      Par Value  
**5,000 SHS NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares      Class/Series      Par Value  
**400**      **NO PAR**

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



\* 8 4 7 3 9 \*

File Date: 2/15  
Check No.: 3350  
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 of Officer: [Signature]      Date: 1/28/01  
Print or Type Name of Officer: Everett C Lewis  
Title of Officer: VP



**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. **84739** 2. Name of Corporation **Comp-u-Doc, Inc.**  
3. Street Address Principal Business Office **12 Shenandoah Road** City **Warwick** State **RI** Zip **02886**  
4. Business Phone No. **401-884-4432** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7922**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**VAR - Computer Hardware, Software, Support**

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

President Name **Kathy Lewis** Vice President Name **Everett Lewis**  
Street Address **12 Shenandoah Rd** Street Address **12 Shenandoah Rd**  
City **Warwick** State **RI** Zip **02886** City **Warwick** State **RI** Zip **02886**

Secretary Name **Everett Lewis** Treasurer Name **Everett Lewis**  
Street Address **12 Shenandoah Rd** Street Address **12 Shenandoah Rd**  
City **Warwick** State **RI** Zip **02886** City **Warwick** State **RI** Zip **02886**

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

Director Name **Kathy Lewis** Director Name **Everett Lewis**  
Street Address **12 Shenandoah Rd** Street Address **12 Shenandoah Rd**  
City **Warwick** State **RI** Zip **02886** City **Warwick** State **RI** Zip **02886**

Director Name \_\_\_\_\_ Director Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<b>5,000 SHS</b>	<b>NO PAR VALUE</b>	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>400</b>	<b>NO PAR</b>	

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



\* 8 4 7 3 9 \*

PAID

File Date: **DEC 29 1999**

Check No.: **SECY OF STATE**

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.

**Everett C Lewis** 12/25/99  
Signature of Officer Date

**VP**  
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. <b>84739</b>		2. Name of Corporation <b>Comp-u-Doc, Inc.</b>	
3. Street Address Principal Business Office <b>12 Shenandoah Road</b>		City <b>Warwick</b>	State <b>RI</b>
		Zip <b>02886</b>	
4. Business Phone No. <b>401-884-4432</b>	5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>7922</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Computer Sales, Repairs, Support, Service &amp; Internet</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) • <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>Kathleen M. Lewis</b>		Vice President Name <b>Everett C. Lewis</b>	
Street Address <b>12 Shenandoah Road</b>		Street Address <b>12 Shenandoah Road</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b>
Zip <b>02886</b>		Zip <b>02886</b>	
Secretary Name <b>Everett C. Lewis</b>		Treasurer Name <b>Everett C. Lewis</b>	
Street Address <b>12 Shenandoah Road</b>		Street Address <b>12 Shenandoah Road</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b>
Zip <b>02886</b>		Zip <b>02886</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) • <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>Kathleen M. Lewis</b>		Director Name <b>Everett C. Lewis</b>	
Street Address <b>12 Shenandoah Road</b>		Street Address <b>12 Shenandoah Road</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b>
Zip <b>02886</b>		Zip <b>02886</b>	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
<b>5,000 SHS</b>	<b>NO PAR VALUE</b>		
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
<b>300</b>	<b>SHS</b>	<b>No Par</b>	

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



\* 8 4 7 3 9 \*

File Date: 10.25.99

Check No.: 246.0

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 of Officer: [Signature] Date: 2/4/99

Everett C. Lewis  
Print or Type Name of Officer

Secretary  
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. **84739** 2. Name of Corporation **Comp-u-Doc, Inc.**  
3. Street Address Principal Business Office **12 Shenandoah Road** City **Warwick** State **RI** Zip **02886**  
4. Business Phone No. **401-884-4432** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7922**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Computer Value Added Resaler - Repairs, Sales, Service, Training, Web Page**

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

President Name <b>Kathleen M. Lewis</b> Street Address <b>12 Shenandoah Road</b> City <b>Warwick,</b> State <b>RI</b> Zip <b>02886</b> Secretary Name  Street Address  City <b>Warwick,</b> State <b>RI</b> Zip <b>02886</b>	Vice President Name  Street Address  City <b>Warwick,</b> State <b>RI</b> Zip <b>02886</b> Treasurer Name  Street Address  City <b>Warwick,</b> State <b>RI</b> Zip <b>02886</b>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Director Name <b>Kathleen M. Lewis</b> Street Address <b>12 Shenandoah Road</b> City <b>Warwick,</b> State <b>RI</b> Zip <b>02886</b> Director Name  Street Address  City <b>Warwick,</b> State <b>RI</b> Zip <b>02886</b>	Director Name  Street Address  City <b>Warwick,</b> State <b>RI</b> Zip <b>02886</b> Director Name  Street Address  City <b>Warwick,</b> State <b>RI</b> Zip <b>02886</b>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**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
<b>5,000 SHS</b>	<b>NO PAR VALUE</b>		<b>100</b>		<b>None</b>

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



File Date: 1/24/97  
Check No.: 3303  
By: GPA/WLC  
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: Kathleen M. Lewis Date: 1-18-97  
Print or Type Name of Officer: Kathleen M. Lewis, President  
Title of Officer: President

# PROFIT CORPORATION ANNUAL REPORT

## 1996



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

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 84739		2. NAME OF CORPORATION Comp-u-Doc, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 604 Pocasset Court			CITY Warwick	STATE RI	ZIP CODE 02886
4. BUSINESS PHONE NO. 401-738-9189		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 7922	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Computer - Hardware, Software, Service, Repair, Form + Stationery					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Kathleen M. Lewis			VICE PRESIDENT NAME SAME		
STREET ADDRESS 604 Pocasset Court			STREET ADDRESS		
CITY Warwick	STATE RI	ZIP CODE 02886	CITY	STATE	ZIP CODE
SECRETARY NAME SAME			TREASURER NAME SAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME None			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
5,000 SHS	NO PAR VALUE		100		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.

*Kathleen M. Lewis, President*  
Signature of Officer

Kathleen M. Lewis  
Print or Type Name of Officer

President  
Title of Officer

1/18/96  
Date

File Date: 1/18/96

Check No: 1056

By: *ca/UP*  
For Secretary of State Use Only