



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
STATE
CORPORATIONS DIV
2020 JAN 15 PM 2:41

1. Entity ID Number 487601		2. Exact name of the Corporation COPY DATA SOLUTIONS Inc			
3. Principal Office Address 4470 P.O. Box 4970		City Rumford	State R.I.	Zip 02916	
4. NAICS Code 423420		6. Brief description of the character of business conducted in Rhode Island COPY MACHINES RENTALS			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph T RYAN			Vice-President Name		
Street Address 200 ROGER WILLIAMS AVE			Street Address		
City RUMFORD	State R.I.	Zip 02916	City	State	Zip
Secretary Name SHARON VALLARO			Treasurer Name		
Street Address SAME			Street Address		
City SAME	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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 10000		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES 1,000		CLASS/SERIES	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 Joseph T Ryan				Date 1-15-2020	
Signature of Authorized Representative FILED					