



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.

FILED

JAN 22 2020

BY

146 OS

1. Entity ID Number 18816		2. Exact name of the Corporation Reliable Cash Register, Inc.												
3. Principal Office Address 51 Shelldrake Road			City Wakefield	State RI	Zip 02879									
4. NAICS Code 42 - Wholesale Trade		6. Brief description of the character of business conducted in Rhode Island Repair sale and maintenance of cash registers and point of sale systems.												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Marilyn A. Mazzeo			Vice-President Name Marilyn A. Mazzeo											
Street Address 51 Shelldrake Road			Street Address 51 Shelldrake Road											
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879									
Secretary Name Marilyn A. Mazzeo			Treasurer Name Marilyn A. Mazzeo											
Street Address 51 Shelldrake Road			Street Address 51 Shelldrake Road											
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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 <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> <tr> <td style="text-align:center">100</td> <td style="text-align:center">Common</td> <td style="text-align:center">No Par Value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
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		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 Marilyn A. Mazzeo, Treasurer					Date 01-17-2020									
Signature of Authorized Representative <i>Marilyn A. Mazzeo</i>					SIGN DOCUMENT HERE									

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov