



Department of State - Business Services Division

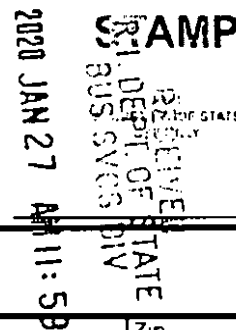
Annual Report for the year: **2019**

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 000156016		2. Exact name of the Corporation Integration Partners Corporation			
3. Principal Office Address 12 Hartwell Avenue		City Lexington		State MA	Zip 02421-3113
4. NAICS Code 541512		6. Brief description of the character of business conducted in Rhode Island IT sales, service and consulting			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David C. Nahabedian			Vice-President Name		
Street Address 12 Hartwell Avenue			Street Address		
City Lexington	State MA	Zip 02421-3113	City	State	Zip
Secretary Name David C. Nahabedian			Treasurer Name Barton F. Graf Jr.		
Street Address 12 Hartwell Avenue			Street Address 12 Hartwell Avenue		
City Lexington	State MA	Zip 02421-3113	City Lexington	State MA	Zip 02421-3113
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David C. Nahabedian			Director Name Barton F. Graf Jr.		
Street Address 12 Hartwell Avenue			Street Address 12 Hartwell Avenue		
City Lexington	State MA	Zip 02421-3113	City Lexington	State MA	Zip 02421-3113
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
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		PAR VALUE
			100000		.01
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 Christopher R. Guidod				Date 17-January-2020	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	