

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. 138151 2. Name of Corporation E.P. STEREO PLUS, INC.  
3. Street Address Principal Business Office 216 WARREN AVENUE City EAST PROVIDENCE State RI Zip 02914  
4. Business Phone No. 5. State of Incorporation RHODE ISLAND 6. SIC Code 3731  
7. Brief Description of the Character of Business Conducted in Rhode Island  
THE SALE AND REPAIR OF ELECTRONIC EQUIPMENT

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

President Name PAUL J. SANTOS Vice President Name JORGE H. MORAIS  
Street Address 66 ALGONQUIN RD. Street Address 29 SEVENTH STREET  
City EAST PROVIDENCE State RI Zip 02916 City EAST PROVIDENCE State RI Zip 02914  
Secretary Name MARTHA V. MORAIS Treasurer Name SUZETTE SANTOS  
Street Address 29 SEVENTH STREET Street Address 66 ALGONQUIN RD.  
City EAST PROVIDENCE State RI Zip 02914 City EAST PROVIDENCE State RI Zip 02914

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

Director Name PAUL J. SANTOS Director Name JORGE H. MORAIS  
Street Address 66 ALGONQUIN RD. Street Address 29 SEVENTH STREET  
City EAST PROVIDENCE State RI Zip 02916 City EAST PROVIDENCE State RI Zip 02914  
Director Name NONE Director Name NONE  
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  
1000 COMMON NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES  
Number of Shares Class/Series Par Value  
200 COMMON NO PAR VALUE

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



File Date 2/28/05  
Check No. 0549  
By: V.  
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 Paul J. Santos Date 2-23-05  
Print or Type Name of Officer Paul J. Santos  
Title of Officer President