



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

FILED

Annual Report for the year: 2021
Corporation

JAN 20 2021

BY 10749
DS

- 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 109713		2. Exact name of the Corporation INTEGRATED MANAGEMENT SOLUTIONS, INC.			
3. Principal Office Address PO Box 52		City Jamestown		State RI	Zip 02835
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island To provide management, technical support and technology advice for defense and gaming industries.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Drago III			Vice-President Name		
Street Address 44 Walcott avenue			Street Address		
City Jamestown		State RI	Zip 02835	City	
Secretary Name Joseph Drago III			Treasurer Name Joseph Drago III		
Street Address 44 Walcott Avenue			Street Address 44 Walcott Avenue		
City Jamestown		State RI	Zip 02835	City Jamestown	
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	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
9. Shares Authorized 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		CLASS/SERIES	
		100		Class A Common	
		900		Class B Common	
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
		PAR VALUE			
		No Par Value			
		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 Joseph Drago III					Date 12 JANUARY 2021
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov