



State of Rhode Island
 Department of State - Business Services Division

FILED

FEB 22 2021

BY [Signature]

Annual Report for the year: 2021
 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 42529		2. Exact name of the Corporation INFORM BUSINESS SYSTEMS, INC.			
3. Principal Office Address 405 KILVERT ST. SUITE C		City WARWICK	State RI	Zip 02886	
4. NAICS Code 424120		6. Brief description of the character of business conducted in Rhode Island BUSINESS FORMS DISTRIBUTOR			
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 JOHN T. FARIA		Vice-President Name SAME AS PRESIDENT			
Street Address 68 WINDERMERE WAY		Street Address			
City WARWICK	State RI	Zip 02886	City	State	Zip
Secretary Name ELIZABETH A. FARIA		Treasurer Name SAME AS PRESIDENT			
Street Address 68 WINDERMERE WAY		Street Address			
City WARWICK	State RI	Zip 02886	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOHN T. FARIA		Director Name NONE			
Street Address 68 WINDERMERE WAY		Street Address			
City WARWICK	State RI	Zip 02886	City	State	Zip
Director Name NONE		Director Name NONE			
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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		500		COMMON	0 NONE
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 JOHN T. FARIA				Date 2-16-21	
Signature of Authorized Representative <u>[Signature]</u>					

MAIL TO:
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 Website: www.sos.ri.gov