



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

51111P

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 MAR 25 P 3:47

1. Entity ID Number 101653		2. Exact name of the Corporation CRAZY COMPUTERS, INC.			
3. Principal Office Address 176 D Child Street			City Warren	State RI	Zip 02885
4. NAICS Code 443142		6. Brief description of the character of business conducted in Rhode Island To build, upgrade repair and sell computers			
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 Cezary Eliminowicz			Vice-President Name Jeanne Motta		
Street Address 176 D Child Street			Street Address 176 D Child Street		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Cezary Eliminowicz			Treasurer Name Jeanne Motta		
Street Address 176 D Child Street			Street Address 176 D Child Street		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jeanne Motta			Director Name Samuel A. Miller		
Street Address 176 D Child Street			Street Address 331 Broadway		
City Warren	State RI	Zip 02885	City Providence	State RI	Zip 02909
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.			NUMBER OF SHARES		CLASS/SERIALS
			1000		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 Jeanne Motta					Date
Signature of Authorized Representative 					

FILED

MAR 25 2021

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