



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2024  
**Corporation**

JAN 18 2024  
 3965a

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000487601		2. Exact name of the Corporation COPY DATA SOLUTIONS, INC.				
3. Principal Office Address 200 ROGER WILLIAMS AVE, APT #407			City EAST PROVIDENCE	State RI	Zip 02916	
4. NAICS Code 454210		6. Brief description of the character of business conducted in Rhode Island COPY MACHINE RENTALS				
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 JOSEPH T. RYAN			Vice-President Name			
Street Address 200 ROGER WILLIAMS AVE, APT #407			Street Address			
City EAST PROVIDENCE	State RI	Zip 02916	City	State	Zip	
Secretary Name JOSEPH T. RYAN			Treasurer Name JOSEPH T. RYAN			
Street Address 200 ROGERS WILLIAMS AVE, APT #407			Street Address 200 ROGERS WILLIAMS AVE, APT #407			
City EAST PROVIDENCE	State RI	Zip 02916	City EAST PROVIDENCE	State RI	Zip 02916	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name JOSEPH T. RYAN			Director Name			
Street Address 200 ROGER WILLIAMS AVE, APT #407			Street Address			
City EAST PROVIDENCE	State RI	Zip 02916	City	State	Zip	
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/SERIFS	PAR VALUE	
		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.						
<b>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.</b>						
Name of Authorized Representative JOSEPH T. RYAN				Date 1-15-2024		
Signature of Authorized Representative <i>Joseph T. Ryan</i>						