

1.) CORPORATION NAME:

Purvis Systems Incorporated

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

DUE DATE: **6/30/2011**

SCC ID NO: **F0484305**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1272 WEST MAIN ROAD

CITY/ST/ZIP: MIDDLETOWN, RI 02842-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN T DESPOSITO		
TITLE:	PRESIDENT		
ADDRESS:	5225 RTE 347 STE 11		
CITY/ST/ZIP/CO:	JEFFERSON STATION, NY 11776-		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN HELLER		
TITLE:	VICE PRESIDENT		
ADDRESS:	1272 WEST MAIN RD		
CITY/ST/ZIP/CO:	MIDDLETOWN, RI 05842-		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ROBERT MURPHY		
TITLE:	VICE PRESIDENT		
ADDRESS:	5700 THURSTON AVENUE STE 200		
CITY/ST/ZIP/CO:	VA. BEACH, VA 23455-		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MICHAEL LEPANTO		
TITLE:	CEO/COB		
ADDRESS:	1272 W MAIN RD		
CITY/ST/ZIP/CO:	MIDDLETOWN, RI 02842-		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOSEPH DRAGO		
TITLE:	DIRECTOR		
ADDRESS:	1272 W MAIN RD		
CITY/ST/ZIP/CO:	MIDDLETOWN, RI 02842-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SOL TANNE DIRECTOR 8 CENTRAL PARK WEST NEW YORK, NY 10024-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUSAN CORREIRA DIRECTOR 86 TUCKERMAN AVE MIDDLETOWN, RI 02842-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROY HIIPAKKA Vice President 35 SLEEPY HOLLOW ROAD TIVERTON, RI 02878-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN P. MASSED CFO 640 MIDDLE ROAD PORTSMOUTH, RI 02871-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ STEPHEN P. MASSED	STEPHEN P. MASSED, CFO	7/18/2011
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.