State of Rhode Island
and Providence Plantations
Office of the Secretary of State

AMENDED

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	*2. Name of Corporation*			
000124200	Convergia, Inc.			
3. Street Address Principal Business Office		*City*	*State*	*Zip*
237 Boulevard Hymus		Pointe-Claire	Quebec	H9R5C7
4. Business Phone No.	*5. State of Incorporation*			
514-694.7710	Delaware			

6. Brief Description of the Character of Business Conducted in Rhode Island
Telecommunication Services

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			*Vice President Name*		
Alejandro Bitar					
Street Address			*Street Address*		
237 Boulevard Hymus					
City	*State*	*Zip*	*City*	*State*	*Zip*
Pointe-Claire	Quebec	H9R5C7			
Secretary Name			*Treasurer Name*		
Sean Sang			Sean Sang		
Street Address			*Street Address*		
237 Boulevard Hymus			237 Boulevard Hymus		
City	*State*	*Zip*	*City*	*State*	*Zip*
Pointe-Claire	Quebec	H9R5C7	Pointe-Claire	Quebec	H9R5C7

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			*Director Name*		
Frederick Miller			Alejandro Bitar		
Street Address			*Street Address*		
237 Boulevard Hymus			237 Boulevard Hymus		
City	*State*	*Zip*	*City*	*State*	*Zip*
Pointe-Claire	Quebec	H9R5C7	Pointe-Claire	Quebec	H9R5C7
Director Name			*Director Name*		
Lorenzo Bitar					
Street Address			*Street Address*		
237 Boulevard Hymus					
City	*State*	*Zip*	*City*	*State*	*Zip*
Pointe-Claire	Quebec	H9R5C7			

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	*Class/Series*	*Par Value*
3,000	CNP	0.0000

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.

[redacted]

FILED

File Date JUN 13 2011

Check No. 8:44

By: [redacted]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Signature *Date* June 10, 2011

Frederick Miller
Print or Type Name

CEO
Title

Form 630 Rev. 08/08