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

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 2015

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
000152761	SERENDI, INC

3. Street Address Principal Business Office		City	State	Zip
846 UNIVERSITY AVENUE	PO BOX 9108	NORWOOD	MA	02062-9108

4. Business Phone No.	5. State of Incorporation
781-349-4396	DELAWARE

6. Brief Description of the Character of Business Conducted in Rhode Island
TO BUY, SELL, INVEST IN REAL OR PERSONAL PROPERTY

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

President Name	Street Address	City	State	Zip
SHARI E. REDSTONE	846 UNIVERSITY AVENUE PO BOX 9108	NORWOOD	MA	02062-9108

Vice President Name	Street Address	City	State	Zip
THADDEUS P. JANKOWSKI	846 UNIVERSITY AVENUE PO BOX 9108	NORWOOD	MA	02062-9108

Secretary Name	Street Address	City	State	Zip
LISA MARTIGNETTI	846 UNIVERSITY AVENUE PO BOX 9108	NORWOOD	MA	02062-9108

Treasurer Name	Street Address	City	State	Zip
MICHAEL G. KSZYSTYNIAK	846 UNIVERSITY AVENUE PO BOX 9108	NORWOOD	MA	02062-9108

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

Director Name	Street Address	City	State	Zip
SHARI E. REDSTONE	846 UNIVERSITY AVENUE PO BOX 9108	NORWOOD	MA	02062-9108

Director Name	Street Address	City	State	Zip
THADDEUS P. JANKOWSKI	846 UNIVERSITY AVENUE PO BOX 9108	NORWOOD	MA	02062-9108

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

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
4950.05	COMMON	NO PAR VALUE

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
JAN 23 2015
0131035

[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* 01/12/2015

MICHAEL G. KSZYSTYNIAK
Print or Type Name

[redacted] VICE PRESIDENT
Title

File Date _____

Check No. _____

By: _____

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