



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 522572		2. Exact name of the Corporation Strategic Solutions of New England, Inc.			
3. Principal office address 15 Gentry Drive		City Coventry	State RI	Zip 02816	
4. Business Phone No. (401) 640-0455		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Computer technology support					
7. LIST ALL MEMBERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kevin M. Kicia			Vice-President Name		
Street Address 15 Gentry Drive			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Secretary Name Kevin M. Kicia			Treasurer Name Kevin M. Kicia		
Street Address 15 Gentry Drive			Street Address 15 Gentry Drive		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	\$.01

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.

FILED

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

MAR 09 2015

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 of Authorized Representative

Date

Kevin M. Kicia, President

Print or Type Name of Authorized Representative

29-244075