RI SOS Filing Number: 201601243050 Date: 07/01/2016 10:33 AM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | **Email:** corporations@sos.ri.gov | **Website:** www.sos.ri.gov

RECEIVED 2016 JUN 25 AM 10:30 SECRETARY OF STATE CORPORATIONS DIV.

Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1
Filing Fee: $50.00 ***FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE**

1. Entity ID Number	2. Exact name of the Corporation
000512510	VMTurbo, Inc.

3. Principal Office Address	City	State	Zip
1209 ORANGE ST	WILMINGTON	DE	19801

4. Business Phone Number	5. State of Incorporation
857-305-4670	DE

6. Brief description of the character of business conducted in Rhode Island
VIRTUALIZATION TECHNOLOGY SOFTWARE

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
BEN NYE	500 BOLYSTON ST. 7TH FL	BOSTON	MA	02116

Vice-President Name	Street Address	City	State	Zip
NONE				

Secretary Name	Street Address	City	State	Zip
NONE				

Treasurer Name	Street Address	City	State	Zip
MO GARAD	500 BOLYLSTON ST. 7TH FL	BOSTON	MA	02116

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
BEN NYE	500 BOYLSTON ST.	BOSTON	MA	02116

Director Name	Street Address	City	State	Zip
SHMUEL KLIGER	500 BOYLSTON ST. 7TH FL	BOSTON	MA	02116

9. Shares Authorized	10. Shares Issued — Check box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	275,000,000	CS	$0.0001
	74,000,000	PS	$0.0001

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.

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.

Name of Authorized Representative	Date
MO GARAD	5/9/2016

Signature of Authorized Representative — NON-DOCUMENT FILE — 10:33 AM

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FILED
JUL 01 2016
By 278138 KM

Form No. 630
Revised: 2016

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