RI SOS Filing Number: 201609942090 Date: 10/06/2016 4:00 PM

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

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BUS SVCS DIV

Profit Corporation Annual Report for the year: 2016

2016 SEP 27 AM 10:19

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			
306713	Zonar Systems, Inc			
3. Principal Office Address		City	State	Zip
18200 Cascade Ave S.		Seattle	WA	98188
4. Business Phone Number		5. State of Incorporation		
206 878 2459		Washington		

6. Brief description of the character of business conducted in Rhode Island
Retail Sales + Service of electronic safety inspection equipment w/ companion Data storage + GPS

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

President Name			Vice-President Name		
Brett Brinton			Charles M. McQuade		
Street Address			Street Address		
18200 Cascade Ave S.			18200 Cascade Ave S.		
City	State	Zip	City	State	Zip
Seattle	WA	98188	Seattle	WA	98188
Secretary Name			**Treasurer Name**		
Kendall Storer					
Street Address			Street Address		
18200 Cascade Ave S.					
City	State	Zip	City	State	Zip
Seattle	WA	98188			

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2016 OCT 6 AM 9:03

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

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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.	60,000,000		.001
	11,301,181	Series A	.001

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
Kendall Storer	8/31/16

Signature of Authorized Representative
SIGN DOCUMENT HERE

9:03 pm
FILED
OCT 06 2016
By 285287

Form No. 630
Revised: 2016
139588-2-1119332

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