RI SOS Filing Number: 201734697760 Date: 2/24/2017 2:03:00 PM

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State of Rhode Island a Department of S			s Division				
Annual Report for the y					· J.		
ion-Profit Corporation		· · ·	_				
→ Filing period: June 1 - Ju	ne 30				* ** **	을	
→ Filing Fee: \$20.00						==	╧
→ Penalty: Additional \$25.00	l fee if form is no	t filed by July 3	0.				7
1. Entity ID Number	2. Exact name	of the Corporation	on			₩ (ক
000819441	SMS/800, INC	j.				24	Þ
n Ot-t Alexandranian	4 Brief deserie	tion of the chara	cter of business conducted in Rho	vde Island			₹
3. State of Incorporation				,00 10,0,10		P	4
District of Columbia	toll-free num	ber administr	ation	- · · · · · · · · · · · · · · · · · · ·	T		₹
5. Principal Office Address			City	State	Zip	ΐ	Ŧ
197 ROUTE 18 SOUTH, SUITE 3000			EAST BRUNSWICK	NJ _	08816	0	╛
6. List ALL officers (names and	addresses)		Ch	eck the box to ind	licate an attac	hment	
President Name GINA PERINI			Vice-President Name				
Street Address 197 ROUTE 18 SOUTH, SUITE 3000			Street Address				
City EAST BRUNSWICK	State	Zip	City	State	Zip		
Secretary Name Pamela Carter	<u> </u>		Treasurer Name Brian Pflug				
Street Address 197 ROUTE 18 SOUTH, SUITE 3000			Street Address 197 ROUTE 18 SOUTH, SUITE 3000				
City EAST BRUNSWICK	State NJ	^{Zip} 08816	City EAST BRUNSWICK	State NJ	^{Zip} 08816		
7. List ALL directors (names and	addresses). Ri	Corporations MU	JST list at least THREE directors.	Check the box to	indicate an att	achment]
Director Name		·	Director Name Gary Sagnella				1
Director Name ANN BERKOWITZ							
Street Address 197 ROUTE 18	SOUTH, SUITE	3000	Street Address 197 ROUTE 18	SOUTH, SUIT	E 3000		╛
City EAST BRUNSWICK	State NJ	^{Zip} 08816	City EAST BRUNSWICK	State NJ	Zip 08816		
Director Name Gina Perini			Director Name Philip Linse				
Street Address 197 ROUTE 18	SOUTH, SUIT	E 3000	Street Address 197 ROUTE 18	SOUTH, SUIT	E 3000		
City EAST BRUNSWICK	State NJ	^{Zip} 08816	City EAST BRUNSWICK	State NJ	Zip 0881	3	
8. Registered Agent in Rhode I	sland. This informs	ition is currently of	record in the Department of State. Ch	anges require filing	Form 641.		
Under penalty of periury, I de	clare and affirm	that I have exa	mined this report, including any	/ accompanying	schedules a	ind	
etatements, and that all state	ments containe	d herein are tru:	e and correct.				\dashv
This report must be signed by either the	President, Vice-Presi	dent, Secretary, Assis	stant Secretary, Treasurer, duly Authorized i		ver or irusiee.		\dashv
Name of Officer/Authorized Re	presentative			Date			
Pamela Carter				12-20-2016			4
Signature of Officer/Authorized	Representative	** · ·					1
1am Un	-	SIGN DO	CUMENT HERE				

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 631 - Revised: 05/2016

FILED 2.03
FEB 2.1 2017
By 2 29141699

Somos, Inc. ID 0819441

2016 Annual Report Attachment; Additional Directors

Kiarie Kihara 197 Route 18 South, Suite 3000 East Brunswick, NJ 08816

Roderick Morris 197 Route 18 South, Suite 3000 East Brunswick, NJ 08816

Peter Bailey 197 Route 18 South, Suite 3000 East Brunswick, NJ 08816

Doug Davis 197 Route 18 South, Suite 3000 East Brunswick, NJ 08816

Lisa Youngers 197 Route 18 South, Suite 3000 East Brunswick, NJ 08816

Brian Lynott 197 Route 18 South, Suite 3000 East Brunswick, NJ 08816

Nneka Chiazor 197 Route 18 South, Suite 3000 East Brunswick, NJ 08816