



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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2017 FEB 27 PM 12:43

1. Entity ID Number 120827		2. Exact name of the Corporation FREEDOM TECHNOLOGY SOLUTIONS, INC.												
3. Principal Office Address 920 HARTFORD AVENUE			City JOHNSTON	State RI	Zip 02919									
4. NAICS Code 81 - Other Services (except <input type="checkbox"/>)	6. Brief description of the character of business conducted in Rhode Island TO OPERATE A COMPUTER AND INFORMATION CONSULTING BUSINESS; TO OURSORE TECHNOLOGY SOLUTIONS													
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name GEORGE E. JEMERY III			Vice-President Name FELICE N. MAGLIARI											
Street Address 3 EAGLE STREET			Street Address 14 MADISON AVENUE											
City JOHNSTON	State RI	Zip 02919	City FRANKLIN	State MA	Zip 02038									
Secretary Name VINCENT SIBILIA			Treasurer Name FELICE N. MAGLIARI											
Street Address 170 BORDEN AVENUE			Street Address 14 MADISON AVENUE											
City JOHNSTON	State RI	Zip 02919	City FRANKLIN	State MA 02038	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an 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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>8000</td> <td>COMMON</td> <td>NONE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	8000	COMMON	NONE			
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8000	COMMON	NONE												
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 FELICE N. MAGLIARI, VICE PRESIDENT				Date 1/24/17										
Signature of Authorized Representative <i>Felice N. Magliari</i>														

FILED

FEB 27 2017

BY *JB296868*