RI SOS Filing Number: 201738952090 Date: 3/24/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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R.I. DEPT. OF STATE
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2017 MAR 24 PM 1:05

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.

1. Entity ID Number	2. Exact name of the Corporation		
91065	**Magnet, Inc.**		
3. Principal Office Address	City	State	Zip
166 8th Street	**Providence**	**RI**	**02906**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
54 - Professional, Scientific, an	**TO STRATEGIC AND MANAGEMENT CONSULTING SERVICES**		
5. State of Incorporation			
Rhode Island			

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

President Name **John R. Lloyd**			Vice-President Name		
Street Address **166 8th Street**			Street Address		
City **Providence**	State **RI**	Zip **02906**	City	State	Zip
Secretary Name **John R. Lloyd**			Treasurer Name **John R. Lloyd**		
Street Address **166 8th Street**			Street Address **166 8th Street**		
City **Providence**	State **RI**	Zip **02906**	City **Providence**	State **RI**	Zip **02906**

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

Director Name **John R. Lloyd**			Director Name		
Street Address **166 8th Street**			Street Address		
City **Providence**	State **RI**	Zip **02906**	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**100**	**Common**	$1.00

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
John R. Lloyd	3/15/17

Signature of Authorized Representative: John R Lloyd

FILED

MAR 24 2017

BY 299143 A.A.

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 630 - Revised: 10/2016