



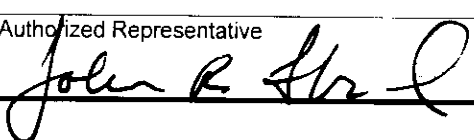
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2017 MAR 24 PM 1:05

1. Entity ID Number 91065		2. Exact name of the Corporation Magnet, Inc.			
3. Principal Office Address 166 8th Street		City Providence		State RI	Zip 02906
4. NAICS Code 54 - Professional, Scientific, and	6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>					
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"/>		
NUMBER OF SHARES			CLASS/SERIES		PAR VALUE
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 John R. Lloyd					Date 3/15/17
Signature of Authorized Representative 					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAR 24 2017
BY 299143 A.A.

FORM 630 - Revised: 10/2016