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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

| Annual I | Report for | the year: | 2018 |
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| | | | |

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

FILED

YM FEB 0 9 2018.

| → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fe | | BY_14507 | | | | | | |
|--|--|----------------------|---------------------------------|---------------------------|---------------|----------------------------------|--|--|
| 1. Entity ID Number 80799 | 2. Exact name of the Corporation PROGRESSIVE SYSTEMS TECHNOLOGY, INC. | | | | | | | |
| 3. Principal Office Address 156 Peckham Road | | | City Little Comp | | State RI | Zip 02837 | | |
| 4. NAICS Code 5416\ | Brief description of the character of business conducted in Rhode Island To engage in and act as a consultant. | | | | | | | |
| 5. State of Incorporation Rhode Island | | | | | | | | |
| 7. List ALL officers (names and add | (recees) | · | | Check th | e box to in | dicate an attachment | | |
| President Name Brian Laferte | | | Vice-President | | | | | |
| Street Address 156 Peckham Road | | | Street Address | | | | | |
| Cily Little Compton | State RI | ^{Zip} 02837 | City | | State | Zip | | |
| Secretary Name Brian Laferte | | | Treasurer Name Brian Laferte | | | | | |
| Street Address 156 Peckham Road | | | Street Address 156 Peckham Road | | | | | |
| City Little Compton | State RI | ^{Zip} 02837 | City Little Compton | | State RI | Zip 02837 | | |
| List ALL directors (names and ac | ddresses) | | | | ne box to ir | ndicate an attachment | | |
| Director Name Brian Laferte | | | Director Name | . | | | | |
| Street Address 156 Peckham Road | | | Street Address | | | | | |
| City Little Compton | State RI | Zíp 02837 | City | | State | Zip | | |
| Director Name | | | Director Name | | | | | |
| Street Address | | | Street Address | | | | | |
| City | State | Zlp | City | | State | Zip | | |
| 9. Shares Authorized | | 10. Shares Iss | | | ne box to ir | ndicate an attachment PAR VALUE | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES Common | | No Par Value | | |
| | | | | | | | | |
| 11. This report must be executed o trustee, this report must be executed | n behalf of the co | rporation by an a | uthorized repres | sentative. If the corpora | ation is in t | he hands of a receiver or | | |
| Under penalty of perjury, I decla statements, and that all stateme | re and affirm tha | t I have examine | ed this report, it | ncluding any accomp | oanying so | hedules and | | |
| Name of Authorized Representativ | | <u> </u> | V | | Date / | -18-18 | | |
| Signature of Authorized Represent | ative | SIGN DO | CUMENT HERF | TE:8 MA 6-83 | l | | | |

MAIL TO: **Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov RECEIVED SECRETARY OF STATE VIO EMOITA CARROOS