RI SOS Filing Number: 201858283980 Date: 2/13/2018 4:00:00 PM

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

STAMP

FOR ... STATE ...

Annual Report for the year: 2018
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		
6155	SyNet, Inc.		
3. Principal Office Address	City	State	Zip
205 Hallene Road, Suite 101	Warwick	RI	02889
4. NAICS Code: 81 2990	6. Brief description of the character of business conducted in Rhode Island: Cable contractor.		
5. State of Incorporation: Rhode Island			

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

President Name: Stephen P. Beauvais			Vice-President Name: Stephen P. Beauvais		
Street Address: 11 Basil Crossing			Street Address: 11 Basil Crossing		
City: Cranston	State: RI	Zip: 02921	City: Cranston	State: RI	Zip: 02921
Secretary Name: Dana A. Caggiano			Treasurer Name: Joyce G. Caggiano		
Street Address: 133 Pond Hill Road			Street Address: 133 Pond Hill Road		
City: Moosup	State: CT	Zip: 06354	City: Moosup	State: CT	Zip: 06354

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

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	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	Common	no par
Changes require an additional filing.			

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
Stephen P. Beauvais, President	

Signature of Authorized Representative: Stephen P. Beauvais — SIGN DOCUMENT HERE — 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

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FORM 630 - Revised: 10/2017