



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

STAMP

**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<br><b>53080</b>  |                    | 2. Exact name of the Corporation<br><b>Synnot Systems, Inc.</b>   |  |                       |  |
| 3. Principal Office Address<br><b>76 Community Avenue</b>  |                    |   | City<br><b>Plainfield</b>                                  | State<br><b>CT</b>    | Zip<br><b>06374</b>  |
| 4. NAICS Code<br><b>322212</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Photofinishing business</b> |  |                       |  |
| 5. State of Incorporation<br><b>RI</b>   |                    |   |  |                       |  |
| 7. List ALL officers (names and addresses);  |                    |   |  |                       | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name<br><b>Maureen Synnott Wilson</b>  |                    |   | Vice-President Name<br><b>Timothy Wilson</b>               |                       |  |
| Street Address<br><b>76 Community Avenue, P.O. Box 307</b>   |                    |   | Street Address<br><b>76 Community Avenue, P.O. Box 307</b> |                       |  |
| City<br><b>Plainfield</b>  | State<br><b>CT</b> | Zip<br><b>06374</b>   | City<br><b>Plainfield</b>                                  | State<br><b>CT</b>    | Zip<br><b>06374</b>  |
| Secretary Name<br><b>Timothy Wilson</b>  |                    |   | Treasurer Name<br><b>Maureen Synnott Wilson</b>            |                       |  |
| Street Address<br><b>76 Community Avenue, P.O. Box 307</b>   |                    |   | Street Address<br><b>76 Community Avenue, P.O. Box 307</b> |                       |  |
| City<br><b>Plainfield</b>  | State<br><b>CT</b> | Zip<br><b>06374</b>   | City<br><b>Plainfield</b>                                  | State<br><b>CT</b>    | Zip<br><b>06374</b>  |
| 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   |                    | 10. Shares Issued   |  |                       |  |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |                    | NUMBER OF SHARES  |  | CLASS/SERIFS          | PAR VALUE  |
|  |                    | <b>120</b>  |  | <b>Common</b>         | <b>No Par</b>  |
|  |                    |   |  |                       |  |
| 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.<br><i>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.</i> |                    |   |  |                       |  |
| Name of Authorized Representative<br><b>Maureen Synnott Wilson, President</b>  |                    |   |  | Date<br><b>2/7/18</b> |  |
| Signature of Authorized Representative<br>SIGN DOCUMENT HERE   |                    |   |  |                       |  |

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

**FILED**

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