

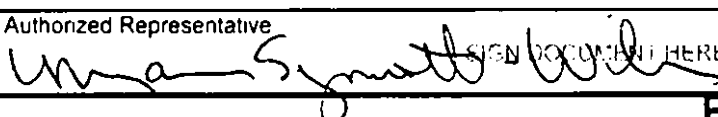


State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: **2018**  
Corporation

STAMP

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

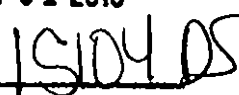
1. Entity ID Number <b>53080</b>		2. Exact name of the Corporation <b>Synnott Systems, Inc.</b>			
3. Principal Office Address <b>76 Community Avenue</b>		City <b>Plainfield</b>		State <b>CT</b>	Zip <b>06374</b>
4. NAICS Code <b>322212</b>		6. Brief description of the character of business conducted in Rhode Island <b>Photofinishing business</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses); Check the box to indicate an attachment <input type="checkbox"/>					
President Name <b>Maureen Synnott Wilson</b>			Vice-President Name <b>Timothy Wilson</b>		
Street Address <b>76 Community Avenue, P.O. Box 307</b>			Street Address <b>76 Community Avenue, P.O. Box 307</b>		
City <b>Plainfield</b>	State <b>CT</b>	Zip <b>06374</b>	City <b>Plainfield</b>	State <b>CT</b>	Zip <b>06374</b>
Secretary Name <b>Timothy Wilson</b>			Treasurer Name <b>Maureen Synnott Wilson</b>		
Street Address <b>76 Community Avenue, P.O. Box 307</b>			Street Address <b>76 Community Avenue, P.O. Box 307</b>		
City <b>Plainfield</b>	State <b>CT</b>	Zip <b>06374</b>	City <b>Plainfield</b>	State <b>CT</b>	Zip <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 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.			NUMBER OF SHARES		CLASS/SERIFS
			120		Common
					No Par
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. <b>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.</b>					
Name of Authorized Representative <b>Maureen Synnott Wilson, President</b>					Date <b>2/7/18</b>
Signature of Authorized Representative 					

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

MAR 01 2018

BY



FORM 630 - Revised: 10/2017