



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2018 MAR -6 AM 8:55

1. Entity ID Number <b>120827</b>		2. Exact name of the Corporation <b>FREEDOM TECHNOLOGY SOLUTIONS, INC.</b>			
3. Principal Office Address <b>920 HARTFORD AVENUE</b>			City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>
4. NAICS Code <b>541519</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO OPERATE A COMPUTER INFORMATION CONSULTING BUSINESS; TO OUTSOURCE TECHNOLOGY SOLUTIONS</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>GEORGE E. JEMERY III</b>			Vice-President Name <b>FELICE N. MAGLIARI</b>		
Street Address <b>3 EAGLE STREET</b>			Street Address <b>14 MADISON AVENUE</b>		
City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>FRANKLIN</b>	State <b>MA</b>	Zip <b>02038</b>
Secretary Name <b>VINCENT SIBILIA</b>			Treasurer Name <b>FELICE N. MAGLIARI</b>		
Street Address <b>170 BORDEN AVENUE</b>			Street Address <b>14 MADISON AVENUE</b>		
City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>FRANKLIN</b>	State <b>MAI</b>	Zip <b>02038</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>NONE</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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>FELICE N. MAGLIARI</b>					Date <b>2/20/18</b>
Signature of Authorized Representative <i>Felice N. Magliari</i>					<b>FILED</b> KM

MAR 06 2018

BY **325906**