



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 120827		2. Exact name of the Corporation FREEDOM TECHNOLOGY SOLUTIONS, INC.			
3. Principal Office Address 920 HARTFORD AVENUE		City JOHNSTON		State RI	Zip 02919
4. NAICS Code 541519		6. Brief description of the character of business conducted in Rhode Island TO OPERATE A COMPUTER INFORMATION CONSULTING BUSINESS; TO OUTSOURCE TECHNOLOGY SOLUTIONS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GEORGE E. JEMERY III			Vice-President Name FELICE N. MAGLIARI		
Street Address 3 EAGLE STREET			Street Address 14 MADISON AVENUE		
City JOHNSTON	State RI	Zip 02919	City FRANKLIN	State MA	Zip 02038
Secretary Name VINCENT SIBILIA			Treasurer Name FELICE N. MAGLIARI		
Street Address 170 BORDEN AVENUE			Street Address 14 MADISON AVENUE		
City JOHNSTON	State RI	Zip 02919	City FRANKLIN	State MAI	Zip 02038
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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 8000		CLASS/SERIES COMMON		PAR VALUE NONE	
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 FELICE N. MAGLIARI					Date 2/20/18
Signature of Authorized Representative <i>Felice N. Magliari</i>					FILED SIGN DOCUMENT HERE <i>KM</i>

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

MAR 06 2018

BY **325906**

FORM 630 - Revised: 10/2017