



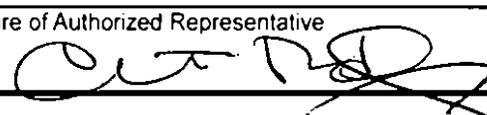
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

Annual Report for the year: 2019
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 122225		2. Exact name of the Corporation CONNKTED INCORPORATED			
3. Principal Office Address 404 Main Street		City East Greenwich		State RI	Zip 02818
4. NAICS Code 541549		6. Brief description of the character of business conducted in Rhode Island computer consulting, sales and service			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Don A. Kass			Vice-President Name Christine Redfern		
Street Address P.O. Box 1907			Street Address P.O. Box 1907		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Don A. Kass			Treasurer Name Christine Redfern		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
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/SERIES	PAR VALUE	
		100	common	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 Christine Redfern, Vice President				Date 1-10-19	
Signature of Authorized Representative 				SIGN DOCUMENT 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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FEB 01 2019
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