



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.

2019 FEB 21 PM 2:19

1. Entity ID Number 128328		2. Exact name of the Corporation SilentSherpa, Inc.			
3. Principal Office Address P.O. Box 299			City Charlestown	State RI	Zip 02813
4. NAICS Code 541690	6. Brief description of the character of business conducted in Rhode Island Provider of market guidance solutions to the retail energy industry, including energy management and software services.				
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 James M. Grasso			Vice-President Name		
Street Address P.O. Box 299			Street Address		
City Charlestown	State RI	Zip 02813	City	State	Zip
Secretary Name James M. Grasso			Treasurer Name James M. Grasso		
Street Address P.O. Box 299			Street Address P.O. Box 299		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
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. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100,000	Common	\$0.01	
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 James M. Grasso, President					Date 2/18/19
Signature of Authorized Representative <i>James M. Grasso</i>					

FILED

SIGN DOCUMENT HERE

FEB 21 2019

BY *6T3CA*