



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.

FILED

STAMP

FEB 27 2019

FOR

BY

1. Entity ID Number 000120386		2. Exact name of the Corporation Summer Street Technology Partners, Inc.			
3. Principal Office Address 46 Goosehill Road			City Cold Spring Harbor	State NY	Zip 11724
4. NAICS Code 541490		6. Brief description of the character of business conducted in Rhode Island To hold intellectual property patents			
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 Drew E. O'Connell			Vice-President Name Lillian A. O'Connell		
Street Address 46 Goosehill Road			Street Address 46 Goosehill Road		
City Cold Spring Harbor	State NY	Zip 11724	City Cold Spring Harbor	State NY	Zip 11724
Secretary Name Steven M. McInnis			Treasurer Name Drew E. O'Connell		
Street Address 38 Bellevue Avenue			Street Address 46 Goosehill Road		
City Newport	State RI	Zip 02840	City Cold Spring Harbor	State NY	Zip 11724
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Drew E. O'Connell			Director Name Lillian A. O'Connell		
Street Address 46 Goosehill Road			Street Address 46 Goosehill Road		
City Cold Spring Harbor	State NY	Zip 11724	City Cold Spring Harbor	State NY	Zip 11724
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VA. UF \$.01 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. 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 Drew E. O'Connell				Date 1/14/19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov