



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

2020 JAN 14 PM 12:15  
 RECEIVED  
 CORPORATE SERVICES DIVISION

Annual Report for the year: 2020  
 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 <b>484768</b>		2. Exact name of the Corporation <b>Velocity Networks, Inc.</b>			
3. Principal Office Address <b>3 Jacobsen Drive Ste 3</b>		City <b>Auburn</b>	State <b>MA</b>	Zip <b>01501</b>	
4. NAICS Code <b>238210</b>		6. Brief description of the character of business conducted in Rhode Island <b>communications cabling</b>			
5. State of Incorporation <b>MA</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>Christopher Eck</b>			Vice-President Name <b>Christopher Ruksnaitis</b>		
Street Address <b>495 Cross Street</b>			Street Address <b>22 Brigham Road</b>		
City <b>Baylston</b>	State <b>MA</b>	Zip <b>01501</b>	City <b>Paxton</b>	State <b>MA</b>	Zip <b>01612</b>
Secretary Name <b>Christopher Ruksnaitis</b>			Treasurer Name <b>Christopher Ruksnaitis</b>		
Street Address <b>22 Brigham Road</b>			Street Address <b>22 Brigham Road</b>		
City <b>Paxton</b>	State <b>MA</b>	Zip <b>01612</b>	City <b>Paxton</b>	State <b>MA</b>	Zip <b>01612</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			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
			<b>20</b>	<b>CNP</b>	<b>0.00</b>
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. <i>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.</i>					
Name of Authorized Representative <b>Christopher Ruksnaitis</b>				Date <b>01-09-2020</b>	
Signature of Authorized Representative 					

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

**FILED**  
 JAN 14 2020  
 BY **FWB BTZ**  
 FORM 630 - Revised: 10/2017