



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.

2020 JAN 14 PM 12:16
RECEIVED
BUSINESS SERVICES DIVISION

1. Entity ID Number 484768		2. Exact name of the Corporation Velocity Networks, Inc.	
3. Principal Office Address 3 Jacobsen Drive Ste 3		City Auburn	State MA
4. NAICS Code 238210		6. Brief description of the character of business conducted in Rhode Island Communications Cabling	
5. State of Incorporation MA			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Christopher Eck		Vice-President Name Christopher Ruksnaitis	
Street Address 495 Cross Street		Street Address 22 Brigham Road	
City Boylston	State MA	City Paxton	State MA
Zip 01501		Zip 01612	
Secretary Name Christopher Ruksnaitis		Treasurer Name Christopher Ruksnaitis	
Street Address 22 Brigham Road		Street Address 22 Brigham Road	
City Paxton	State MA	City Paxton	State MA
Zip 01612		Zip 01612	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES	CLASS/SERIES
Changes require an additional filing.		20	CNP
			0.00
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 Christopher Ruksnaitis		Date 01-09-2020	
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 [Signature] WB 5T2
12:16 FORM 630 - Revised: 10/2017