



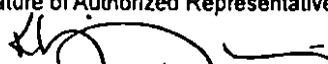
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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CORPORATIONS DIV

2020 MAR 26 PM 10:19

Annual Report for the year: **2017**
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 000838732		2. Exact name of the Corporation Cambria Solutions, Inc.			
3. Principal Office Address 1050 20th Street, Suite 275		City Sacramento		State CA	Zip 95811
4. NAICS Code 541512	6. Brief description of the character of business conducted in Rhode Island Management and Technology consulting, deliver digital and business transformation solutions				
5. State of Incorporation California					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Rodriguez			Vice-President Name Ki Kim		
Street Address 1050 20th Street, Suite 275			Street Address 1050 20th Street, Suite 275		
City Sacramento	State CA	Zip 95811	City Sacramento	State CA	Zip 95811
Secretary Name			Treasurer Name		
Street Address			Street Address		
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 Robert Rodriguez			Director Name		
Street Address 1050 20th Street, Suite 275			Street Address		
City Sacramento	State CA	Zip 95811	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		
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 Ki Kim					Date 03/23/2020
Signature of Authorized Representative 					
SIGN DOCUMENT HERE FILED					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

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