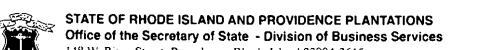
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148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

8/03

Filing Period: Jai	nuary 1 - March 1 • 1	N ANNUAL RE This report must be typ	ed or printed legib	ly	
1 Entity ID No.	2 Exact nar	LURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE. -2 Exact name of the Corporation			
158795	INAIS	THOM SOLUTION	S, INC.		
		/Y, BLDG A, STE 201	City LINCOLN	State RI	Zip 02865
Business Phone No. 401-305-6775 Brief description of the character of business conducted in Rhode Island			5. State of Incorporation MASSACHUSETTS		
PLACEMENT SER		conducted in Rhode Island	i		
LUST ALL OFFICERS	(NAMES AND ADDR	ESSES) ("X" BOX FOR AT	TACHMENT) []	·- · - ·	
President Name FRED STUDLEY			Vice-President Name SAME		
Street Address 160 OTIS STREET	<u> </u>		Street Address		
HINGHAM	State MA	Zıp 02042	City	State	Zıp
Secretary Name SAME			Treasurer Name SAME		
treet Address			Street Address		
Dity	State	Zip	City	State	Zıp
B. LIST ALL DIRECTOR Director Name FRED STUDLEY Street Address	RS (NAMES AND ADD	RESSES) ("X" BOX FOR	D:rector Name		
160 OTIS STREET			Street Address		
HINGHAM	State MA	Zip 02042	City	State	Zip
SANDY STUDLEY			Director Name		
Street Address 160 OTIS STREET			Street Address		
HINGHAM	State MA	Zip 02042	Cay	Siate	Zip ·
SHARES AUTHORIZED			10. SHARES ISSUE	O ("X" BOX FOR ATTACH	IMENT)
his information is currently of record in the Office of the Secretary of State. Changes require an additional filing. see Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	COMMON	NO PAR VALUE
This report must be exec	cuted on behalf of the this report mus	corporation by an authorize st be executed on behalf of	1d representative If the the corporation by the i		of a receiver or trustee.
File Date			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.		
Check No			and that all statem	ents contained herein ar	e true and correct.
8y:			-	rized Representative	Date
FOR SECRETARY OF	STATE USE ONLY		rred !	4 Studley	·

Print or Type Name of Authorized Representative

Form No. 630 Povised, 01/2012