



State of Rhode Island

## Department of State - Business Services Division

**FILED**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.

NOV 04 2020

BY

0341  
JCH

1. Entity ID Number <u>001698224</u>		2. Exact name of the Corporation <u>Sorrentino Networking Inc</u>			
3. Principal Office Address <u>1 Lusi Dr.</u>		City <u>Johnston</u>		State <u>RI</u>	Zip <u>02919</u>
4. NAICS Code <u>238200</u>		6. Brief description of the character of business conducted in Rhode Island <u>Voice/Data cabling</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Steve Sorrentino</u>			Vice-President Name <u>N/A</u>		
Street Address <u>1 Lusi Dr</u>			Street Address <u>N/A</u>		
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City	State	Zip
Secretary Name <u>N/A</u>			Treasurer Name <u>N/A</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>N/A</u>			Director Name <u>N/A</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <u>N/A</u>			Director Name <u>N/A</u>		
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES		CLASS/SERIES	
		<u>0</u>		<u>0</u>	
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 <u>Steve Sorrentino</u>				Date <u>10/2/2020</u>	
Signature of Authorized Representative <u>[Signature]</u>					

MAIL TO:  
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