State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

FILED
FEB 19 2021
BY 1055

1. Entity ID Number	2. Exact name of the Corporation		
128328	SilentSherpa, Inc.		
3. Principal Office Address	City	State	Zip
P.O. Box 299	Charlestown	RI	02813
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
541690	Provider of market guidance solutions to the retail energy industry, including energy management and software services.		
5. State of Incorporation			
Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: James M. Grasso			Vice-President Name:		
Street Address: P.O. Box 299			Street Address:		
City: Charlestown	State: RI	Zip: 02813	City:	State:	Zip:
Secretary Name: James M. Grasso			Treasurer Name: James M. Grasso		
Street Address: P.O. Box 299			Street Address: P.O. Box 299		
City: Charlestown	State: RI	Zip: 02813	City: Charlestown	State: RI	Zip: 02813

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100,000	Common	$.01

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	Date
James M. Grasso, President	2/5/21

Signature of Authorized Representative

James M. Grasso

MAIL TO:
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