

State of Rhode Island

Department of State - Business Services Division

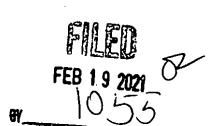
Annual Report	for the year:	2021	
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Corporation

→ Filing period: January 1 - March 1

Filing Fee: \$50.00

Parally: Additional \$25.00 fee if form is not filed by April :



→ Penalty: Additional \$25.				41		·		
Entity ID Number		2. Exact name of the Corporation						
128328	SilentSherp	SilentSherpa, Inc.						
3. Principal Office Address			City		State	Zip		
P.O. Box 299	x 299		Charlestow	'n	RI	02813		
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island						
541690	Provider of	Provider of market guidance solutions to the retail energy industry, including energy management and						
5. State of Incorporation		software services.						
Rhode Island	00.1							
7. List ALL officers (names and	d addresses)		· · · · · · · · · · · · · · · · · · ·	Check	the hoy to inc	ticate an attachment D		
President Name James M. Grasso			Check the box to indicate an attachment Vice-President Name					
Street Address P.O. Box 299			Street Address					
City Charlestown	State Ri	Zip 02813	City		State	Zip		
Sacratas, Nama			Treasurer No.	Treasurer Name				
James M. Grasso				Treasurer Name James M. Grasso				
Street Address P.O. Box 299			Street Address P.O. Box 299					
City Charlestown	State R1	Zip 02813	City Charlestown Sta		State RI	Zip 02813		
8. List ALL directors (names a	nd addresses)			Check	the box to inc	dicate an attachment 🔲		
Director Name		_ .	Director Nam	e				
Street Address			Street Addres	Street Address				
City	State	Zip	City		State	Zip		
Director Name		Director Nam	Director Name					
Street Address			Street Addres	Street Address				
				-				
City	Stale	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Is	sued	Check the box to indicate an attachment				
This Information is currently of Department of State.	his Information is currently of record in the		OF SHARES	CLASS/SERIE	ES	PAR VALUE		
•		100,000		Common		\$.01		
Changes require an additional f	iling.		<u> </u>					
11. This report must be execut	ted on behalf of the	corporation by an	authorized repre	Lesentative. If the corp	oration is in th	e hands of a receiver or		
trustee, this report must be ex-	ecuted on behalf o	f the corporation by	the receiver or t	trustee.				
Under penalty of perjury, I d statements, and that all state	eclare and affirm	that I have examii	ned this report,	including any acco	mpanying sci	hedules and		
Name of Authorized Represen		r nerem are true a	na correct.		Date .			
James M. Grasso, President						2/31		
Signature of Authorized Repre								
June in Du	٠							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov