State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

STAMP

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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 FEB 26 P 2:07

1. Entity ID Number	2. Exact name of the Corporation			
162565	**Stellarware Corporation**			
3. Principal Office Address		City	State	Zip
600 Longwater Dr. Ste. 202		**Norwell**	**MA**	**02061**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541511	**Computer consulting**			
5. State of Incorporation				
Massachusetts				

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

President Name **George French**			Vice-President Name **George French**		
Street Address **600 Longwater Dr. Ste. 202**			Street Address **600 Longwater Dr. Ste. 202**		
City **Norwell**	State **MA**	Zip **02061**	City **Norwell**	State **MA**	Zip **02061**
Secretary Name **George French**			Treasurer Name **George French**		
Street Address **600 Longwater Dr. Ste. 202**			Street Address **600 Longwater Dr. Ste. 202**		
City **Norwell**	State **MA**	Zip **02061**	City **Norwell**	State **MA**	Zip **02061**

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

Director Name **George French**			Director Name		
Street Address **600 Longwater Dr. Ste. 202**			Street Address		
City **Norwell**	State **MA**	Zip **02061**	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	**2,000**	**CNP**	**0.00**
Changes require an additional filing.			

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
George French	
Signature of Authorized Representative	

FILED

SIGN DOCUMENT HERE

FEB 26 2021

BY LL XSCTA 2:08

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov