



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**
Corporation

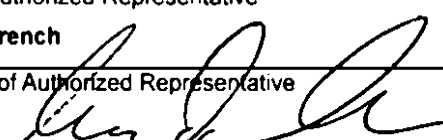
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

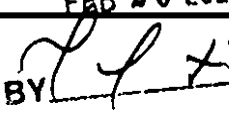
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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 FEB 26 10 2 08

1. Entity ID Number 162565		2. Exact name of the Corporation Stellarware Corporation			
3. Principal Office Address 600 Longwater Dr. Ste. 202			City Norwell	State MA	Zip 02061
4. NAICS Code 541511	6. Brief description of the character of business conducted in Rhode Island 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 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 2,000	CLASS/SERIES CNP	PAR VALUE 0.00
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 George French					Date
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

FILED

FEB 26 2021

BY 

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

FORM 630 - Revised: 10/2017