RI SOS Filing Number: 202193688890 Date: 3/8/2021 4:00:00 PM

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.

RECEIVED
R.I. DEPT OF STATE
BUS SVCS DIV
2021 MAR -8 AM 9:42

1. Entity ID Number	2. Exact name of the Corporation
000506551	Goodman Networks, Inc

3. Principal Office Address	City	State	Zip
2801 Network Blvd., Ste 300	Frisco	TX	75034

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
238210	Home Services Installations & Maintenance
5. State of Incorporation	
Texas	

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

President Name: Joseph Edward Hart IV			Vice-President Name:		
Street Address: 2801 Network Blvd., Ste 300			Street Address:		
City: Frisco	State: TX	Zip: 75034	City:	State:	Zip:
Secretary Name: Anthony Joseph Rao			Treasurer Name: Bradley Larence Kozma		
Street Address: 2801 Network Blvd., Ste 300			Street Address: 2801 Network Blvd., Ste 300		
City: Frisco	State: TX	Zip: 75034	City: Frisco	State: TX	Zip: 75034

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

Director Name: James Goodman			Director Name: Jake Goodman		
Street Address: 2801 Network Blvd., Ste 300			Street Address: 2801 Network Blvd., Ste 300		
City: Frisco	State: TX	Zip: 75034	City: Frisco	State: TX	Zip: 75034
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 ☐

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

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
51,000,000	Common	.0001
22,250,000	Preferred	.0001

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
Joseph Hart IV	2/25/2021

Signature of Authorized Representative: Joseph Hart

FILED
MAR 08 2021
BY CR T6R00
9:42

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: 08/2020