



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 16 PM 2:12

1. Entity ID Number 001685228		2. Exact name of the Corporation 4R Systems Inc.			
3. Principal Office Address 801 Cassatt Road Suite 202		City Berwyn		State PA	Zip 19312
4. NAICS Code 541511		6. Brief description of the character of business conducted in Rhode Island Currently no business is conducted in Rhode Island. During the years 2018 - 2019 there was a sales rep residing there however there were no sales ever made. No business has ever been conducted in Rhode Island.			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mark Garland			Vice-President Name Kristen Honick		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
184,759,013		Common		\$0.01	
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. <i>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.</i>					
Name of Authorized Representative Kristen Honick				Date 3/16/2021	
Signature of Authorized Representative 				FILED	

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

MAR 16 2021

BY  **6007P**
FORM 630 - Revised: 08/2020
2:14

4R Board of Directors

Board Role	Last Name	First Name	Street	City	State	Zip
Chairman & Secretary	Fisher	Marshall	801 Cassatt Road Suite 202	Benwyn	PA	19312
Director	Smith	Warren	801 Cassatt Road Suite 202	Benwyn	PA	19312
Director	Kleinberger	Herbert	801 Cassatt Road Suite 202	Benwyn	PA	19312
Director	Raman	Ananth	801 Cassatt Road Suite 202	Benwyn	PA	19312
Director	DiRomualdo	Robert	801 Cassatt Road Suite 202	Benwyn	PA	19312