RI SOS Filing Number: 202194829580 Date: 3/22/2021 4:00:00 PM

State of Rhode Island Department of	Ivision FILED MAR 2 2 2025 TAMP						
Annual Report for the							
Corporation	year: 202	-	•	~v	1/\1	FOR THE STATE	
→ Filing period: January 1	I - March 1			B1_		7 X	
→ Filing Fee: \$50.00 → Penalty: Additional \$25.	00 fee if form is no	t filed by April 1.			/ () //	
Entity ID Number		e of the Corporation				, <u>V</u>	
532036			ulting Corporation				
					State	Zip	
3. Principal Office Address One Deep Meadow Road			City Barrington		RI	02806	
·			<u> </u>	adveted in Chada la	land	<u> </u>	
4. NAICS Code		Brief description of the character of business conducted in Rhode Island					
541519	Technical c	Technical consulting services for computers					
5. State of Incorporation							
RI							
7. List ALL officers (names and	d addresses)		Ivine President	Name		dicate an attachment	
President Name Frederick L. DeAngelis			Vice-President Name Frederick L. DeAngelis				
Street Address One Deep Meadow Road			Street Address One Deep Meadow Road				
City Barrington	State RI	^{Zip} 02806	City Barrington		State RI	^{Zip} 02806	
Secretary Name Frederick L. DeAngelis			Treasurer Name Frederick L. DeAngelis				
Street Address One Deep Meadow Road			Street Address One Deep Meadow Road				
City Barrington	State RI	^{Zip} 02806	City Barrington		State RI	^{Zip} 02806	
8. List ALL directors (names a	nd addresses)			Check	the box to in	dicate an attachment	
Director Name None			Director Name				
Street Address	<u> </u>		Street Address				
City	State	Zip	City		State	Zip	
Director Name			Director Name				
Street Address	Street Address						
City	State	Zip	City		State	Ζίρ	
9. Shares Authorized		10. Shares Issu				ndicate an attachment PAR VALUE	
This information is currently of record in the Department of State.			NUMBER OF SHARES		CLASS/SERIES common no p		
·		200	200		common		
Changes require an additional	filing.		·				
11. This report must be executrustee, this report must be ex	ited on behalf of the	corporation by an a	uthorized repres	sentative. If the corpo	oration is in t	he hands of a receiver or	
Under penalty of perjury, I d	declare and affirm	that I have examine	ed this report, in	ncluding any accor	npanying se	chedules and	
statements, and that all sta	tements contained	i her <u>ein are true an</u> i	d correct		Date		
Name of Authorized Represe Frederick L. DeAngelis, Pro					3/11	1/2021	
Signature of Authorized Repr	esentative	SIGN DO	CUMENT HERE		1	1	

MAIL TO:

Division of Business Services

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

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