| RI SOS Filir State of Rhode Island Department of S | | | | | | | |
|---|------------|---|---|--------------------------------|----------------------|--|--|
| Annual Report for the year: 2020 | | | - [?] ./. | ORECE, | | | |
| Corporation → Filing period: January 1 - → Filing Fee: \$50.00 → Penalty. Additional \$25 00 | | ot filed by April 1. | PAR 2 | | | | |
| 1. Entity ID Number 000787818 | | ne of the Corporation onsulting, Inc | 12:49 | | | | |
| 3. Principal Office Address 11 South Angell Street #499 | | | City Frovidence | State RI | Zip 02906 | | |
| 5. State of Incorporation | | • | iter of business conducted in R n, Development, Consulting | | | | |
| 7. List ALL officers (names and a | iddresses) | ····· | ر از بر را بر را بر از | Check the box to indica | ate an attachment L | | |
| President Name Matt Westgate | | | Vice-President Name Seth E | Vice-President Name Seth Brown | | | |
| Street Address 128 Shirley Blvd | | | Street Address 624 Surrey Fld | | | | |
| City Cranston | State RI | ^{Zip} 02910 | City Carbondale | State CO | ^{Zip} 31623 | | |
| | | | Treasurer Name Brian Skov | Treasurer Name Brian Skowron | | | |
| Secretary Name | | | | | | | |
| Secretary Name Street Address | | | Street Address 11325 Dujo | n Ln | | | |

| Street Address | | Street Address 11325 Dujon Lri | | | | | | |
|--|----------------------|--------------------------------|----------------|------------------------|---|---------------------|--|--|
| City | State | Zıp | City Dellas | ·· | State TX | Zip 75218 | | |
| 8. List ALL directors (r | names and addresses) | | | Che | eck the box to indica | ate an attachment [| | |
| Director Name | | | Director Name | Director Name | | | | |
| Street Address | | | Street Address | Street Address | | | | |
| City | State | Zıp | City | | State | Zip | | |
| Director Name | | | Director Name | Director Name | | | | |
| Street Address | | | Street Address | Street Address | | | | |
| City | State | Zıp | City | | State | Zıp | | |
| 9. Shares Authorized | | 10. Shares Issued C | | Che | heck the box to indicate an attachment. | | | |
| This information is currently of record in the Department of State. | | NUMBER OF SHARES | | CLASS/SERIES PAR VALUE | | | | |
| | | 100,000 | | CNP | |) | | |
| Changes require an ad | ditional filing. | | | | | | | |
| 1 | | | į. | | 1 | | | |

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

Signature of Authorized Representative

Name of Authorized Representative

MAIL TO: **Division of Business Services**

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

statements, and that all statements contained herein are true and correct.

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

Matt Westgate

FORM 630 - Revised: 08/2020