



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2016
Corporation

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 JUN 24 AM 11:15

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000035252		2. Exact name of the Corporation New Wave Systems, Inc.			
3. Principal Office Address 79 Narragansett Avenue			City Jamestown	State RI	Zip 02835
4. NAICS Code 541511		6. Brief description of the character of business conducted in Rhode Island Software Development and sales for marine and boat design			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephen M. Hollister			Vice-President Name		
Street Address 79 Narragansett Avenue			Street Address		
City Jamestown	State RI	Zip 02835	City	State	Zip
Secretary Name Stephen M. Hollister			Treasurer Name Steven M. Hollister		
Street Address 79 Narragansett Avenue			Street Address 79 Narragansett Avenue		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Stephen M. Hollister			Director Name		
Street Address 79 Narragansett Avenue			Street Address		
City Jamestown	State RI	Zip 02835	City	State	Zip
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SHARES	PAR VALUE
		100	Common	No Par Value	
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 Stephen M. Hollister				Date 4/10/2021	
Signature of Authorized Representative <i>Stephen M. Hollister</i>					

FILED

JUN 24 2021

AMM
A.A. 11:30 A.M.