



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2022

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 1706207		2. Exact name of the Corporation SkyeT, Inc.		
3. Principal office address 4 Cooper Drive		City Lincoln	State RI	Zip 02865
4. Business Phone No. 812990		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Independent Sales Contractor				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Sandra Tonkovich		Vice-President Name Sandra Tonkovich		
Street Address 4 Cooper Drive		Street Address 4 Cooper Drive		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI 02865
Secretary Name Sandra Tonkovich		Treasurer Name Sandra Tonkovich		
Street Address 4 Cooper Drive		Street Address 4 Cooper Drive		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI 02865
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		1000	Common	None
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				

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.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FEB 07 2022
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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.

Sandra Tonkovich 1/30/22
 Signature of Authorized Representative Date

Sandra Tonkovich

Print or Type Name of Authorized Representative