



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 25 2022

BY

1. Entity ID Number 001716363		2. Exact name of the Corporation G2 Solutions, Inc.			
3. Principal Office Address 6 Grandview Street			City Coventry	State RI	Zip 02816
4. NAICS Code 333999		6. Brief description of the character of business conducted in Rhode Island Manufacturing			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Genko V. Genev			Vice-President Name		
Street Address 6 Grandview Street			Street Address		
City Coventry	State RI	Zip 02816	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 ☐					
Director Name Genko V. Genev			Director Name		
Street Address 6 Grandview Street			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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 ☐			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		5000		CNP	\$0.00
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 Genko V. Genev				Date 02/18/2022	
Signature of Authorized Representative 					