



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

[Signature]

| | | | | | |
|--|--|---|---------------------|--------------------|--------------|
| 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 <input type="checkbox"/> | | | | | |
| 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 <input type="checkbox"/> | | | | | |
| 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 <input type="checkbox"/> | | | |
| | | 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 <i>[Signature]</i> | | | | | |