



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.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

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1. Entity ID Number <b>000137180</b>		2. Exact name of the Corporation <b>K2 Partnering Solutions, Inc.</b>	
3. Principal Office Address <b>235 Promenade Street, Ste 298</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02908</b>	
4. NAICS Code <b>561320</b>	6. Brief description of the character of business conducted in Rhode Island <b>Providing personnel -IT recruitment, consulting and staffing services</b>		
5. State of Incorporation <b>DE</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Antonio Gulino</b>		Vice-President Name	
Street Address <b>900 Biscayne Blvd #901</b>		Street Address	
City <b>Miami</b>	State <b>FL</b>	Zip <b>33132</b>	
Secretary Name <b>Tricia Bielinski</b>		Treasurer Name	
Street Address <b>400 New River Road</b>		Street Address	
City <b>Manville</b>	State <b>RI</b>	Zip <b>02838</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES <b>20,000</b>	CLASS/SERIES <b>STK</b>
		PAR VALUE <b>\$0.00</b>	
		<b>934 issued</b>	
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. <b>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.</b>			
Name of Authorized Representative <b>Kate Keyser</b>		Date <b>06/24/2022</b>	
Signature of Authorized Representative 			

MAIL TO:  
 Division of Business Services  
 148 W River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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