



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

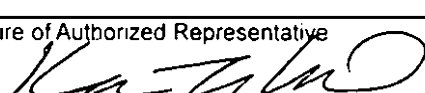
→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.

2023 FEB 10 P 2:10

1. Entity ID Number 522572		2. Exact name of the Corporation Strategic Solutions of New England, Inc.			
3. Principal Office Address 15 Gentry Farm Drive		City Coventry		State RI	Zip 02816
4. NAICS Code 541519		6. Brief description of the character of business conducted in Rhode Island Computer technology support			
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 Kevin M. Kicia			Vice-President Name		
Street Address 15 Gentry Farm Drive			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Secretary Name Kevin M. Kicia			Treasurer Name Kevin M. Kicia		
Street Address 15 Gentry Farm Drive			Street Address 15 Gentry Farm Drive		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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/SERIES
			100		Common
			PAR VAL/JL		\$01
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 Kevin M. Kicia, President					Date 2/3/2023
Signature of Authorized Representative 					

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FEB 10 2023

BY ML 3ETT7

FORM 630 - Revised: 11/2021