



**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

2023 AUG 11 P 2:07

1. Entity ID Number 001698487		2. Exact name of the Corporation Carahsoft Technology Corporation			
3. Principal Office Address 11493 Sunset Hills Road			City Reston	State VA	Zip 20190
4. NAICS Code 513210		6. Brief description of the character of business conducted in Rhode Island Carahsoft is an authorized reseller of mission critical technologies and we resell the vendor products to the United States government.			
5. State of Incorporation MD					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Craig Abod			Vice-President Name Robert Moore		
Street Address 11493 Sunset Hills Road			Street Address 11493 Sunset Hills Road		
City Reston	State VA	Zip 20190	City Reston	State VA	Zip 20190
Secretary Name Kristina Smith			Treasurer Name Jillian Szczepanek		
Street Address 11493 Sunset Hills Road			Street Address 11493 Sunset Hills Road		
City Reston	State VA	Zip 20190	City Reston	State VA	Zip 20190
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
			PAR VALUE		
			0		51.00
			0		
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 Madison Sumner					Date 7/18/2023
Signature of Authorized Representative <i>Madison Sumner</i>					FILED AUG 11 2023

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

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