



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 <b>001698487</b>		2. Exact name of the Corporation <b>Carahsoft Technology Corporation</b>	
3. Principal Office Address <b>11493 Sunset Hills Road</b>		City <b>Reston</b>	State <b>VA</b>
		Zip <b>20190</b>	
4. NAICS Code <b>513210</b>	6. Brief description of the character of business conducted in Rhode Island <b>Carahsoft is an authorized reseller of mission critical technologies and we resell the vendor products to the United States government.</b>		
5. State of Incorporation <b>MD</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>Craig Abod</b>		Vice-President Name <b>Robert Moore</b>	
Street Address <b>11493 Sunset Hills Road</b>		Street Address <b>11493 Sunset Hills Road</b>	
City <b>Reston</b>	State <b>VA</b>	City <b>Reston</b>	State <b>VA</b>
Zip <b>20190</b>		Zip <b>20190</b>	
Secretary Name <b>Kristina Smith</b>		Treasurer Name <b>Jillian Szczepanek</b>	
Street Address <b>11493 Sunset Hills Road</b>		Street Address <b>11493 Sunset Hills Road</b>	
City <b>Reston</b>	State <b>VA</b>	City <b>Reston</b>	State <b>VA</b>
Zip <b>20190</b>		Zip <b>20190</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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized <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.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
0			<b>51.00</b>
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. <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>Madison Sumner</b>			Date <b>7/18/2023</b>
Signature of Authorized Representative <b>Madison Sumner</b>			

FILED

AUG 11 2023

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

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