

2023 SEP 22 4:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ Filing period February 1 - May 1

→ Filing Fee \$50.00

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

SEP 22 2023

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REC'D RIDOS BSD
23 SEP 22 PM 12:53:15

1. Entity ID Number 053512		2. Exact name of the Corporation SEGER COMMUNICATIONS, INC.							
3. Principal Office Address 5434 GENESSEE STREET, SUITE 3		City LANCASTER	State NY						
4. NAICS Code 334200		6. Brief description of the character of business conducted in Rhode Island SERVICE							
5. State of Incorporation DE									
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>									
President Name Edward Seger		Vice-President Name							
Street Address 5434 Genessee St. Ste 3		Street Address							
City LANCASTER	State NY	City	State						
Zip 14086		Zip							
Secretary Name		Treasurer Name							
Street Address		Street Address							
City	State	City	State						
Zip		Zip							
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	City	State						
Zip		Zip							
Director Name		Director Name							
Street Address		Street Address							
City	State	City	State						
Zip		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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100		
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100									
Changes require an additional filing.									
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 Karen Seger		Date X							
Signature of Authorized Representative KAREN SEGER									

MAIL TO:

Division of Business Services

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

Phone (401) 227-3040

Website: www.sos.ri.gov