



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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2023 OCT 23 P 12 08

1. Entity ID Number 001685060		2. Exact name of the Corporation Altron, Inc.	
3. Principal Office Address 454 W Coleman Blvd, Suite 1B		City Mount Pleasant	State SC
		Zip 29464	
4. NAICS Code 541330	6. Brief description of the character of business conducted in Rhode Island Software Engineering and Consulting Service		
5. State of Incorporation SC			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Mike Innella		Vice-President Name Mike Gercken	
Street Address 454 W Coleman Blvd, Suite 1B		Street Address 454 W Coleman Blvd, Suite 1B	
City Mount Pleasant	State SC	City Mount Pleasant	State SC
Zip 29464		Zip 29464	
Secretary Name Brad Brisson		Treasurer Name Brad Brisson	
Street Address 454 W Coleman Blvd, Suite 1B		Street Address 454 W Coleman Blvd, Suite 1B	
City Mount Pleasant	State SC	City Mount Pleasant	State SC
Zip 29464		Zip 29464	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Mike Zaramba		Director Name Mike Gercken	
Street Address 454 W Coleman Blvd, Suite 1B		Street Address 454 W Coleman Blvd, Suite 1B	
City Mount Pleasant	State SC	City Mount Pleasant	State SC
Zip 29464		Zip 29464	
Director Name Steven Heape		Director Name	
Street Address 454 W Coleman Blvd, Suite 1B		Street Address	
City Mount Pleasant	State SC	City	State
Zip 29464		Zip	
9. Shares Authorized 1,000,000		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	
		186,667	Common
			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 Michael R. Innella			Date 6 June 2023
Signature of Authorized Representative <i>Michael R. Innella</i>			

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

OCT 23 2023 12:09 pm

BY Lks 44315

FORM 630- Revised: 04/2023