



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023

AMENDED

## 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 DEC 6 2:13

1. Entity ID Number 001695179		2. Exact name of the Corporation Eixenet Telecom Solutions, Inc.			
3. Principal Office Address 5844 John Hickman Pkwy Ste 600		City Frisco,		State TX	Zip 75034
4. NAICS Code 517000		6. Brief description of the character of business conducted in Rhode Island Telecommunications			
5. State of Incorporation NJ					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
President Name Richard J. Coyle, Jr			Vice-President Name Telisa Schelin		
Street Address 5844 John Hickman Pkwy Ste 600			Street Address 5844 John Hickman Pkwy Ste 600		
City Frisco,	State TX	Zip 75034	City Frisco,	State TX	Zip 75034
Secretary Name Telisa Schelin			Treasurer Name Saroosh Ahmed		
Street Address 5844 John Hickman Pkwy Ste 600			Street Address 5844 John Hickman Pkwy Ste 600		
City Frisco,	State TX	Zip 75034	City Frisco,	State TX	Zip 75034
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
Director Name Marc Ganzi			Director Name Andrew Thomas		
Street Address 5844 John Hickman Pkwy Ste 600			Street Address 5844 John Hickman Pkwy Ste 600		
City Frisco,	State TX	Zip 75034	City Frisco,	State TX	Zip 75034
Director Name Edward Dunn			Director Name Richard J. Coyle, Jr.		
Street Address 5844 John Hickman Pkwy Ste 600			Street Address 5844 John Hickman Pkwy Ste 600		
City Frisco,	State TX	Zip 75034	City Frisco,	State TX	Zip 75034
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment</span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	CWP	0.0001	
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 <i>Kara Korosec</i>					Date 11/30/2023
Signature of Authorized Representative Kara Korosec, authorized person					FILED 213 DEC 06 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

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