



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: **2024**

FEB 14 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.

29100 *[Handwritten initials]*

1. Entity ID Number 122225		2. Exact name of the Corporation CONNKTED INCORPORATED			
3. Principal Office Address 404 MAIN STREET			City EAST GREENWICH	State RI	Zip 02818
4. NAICS Code 541549		6. Brief description of the character of business conducted in Rhode Island COMPUTER CONSULTING, SALES AND SERVICE			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DON A. KASS			Vice-President Name CHRISTINE REDFERN		
Street Address P.O. BOX 1907			Street Address P.O. BOX 1907		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
Secretary Name DON A. KASS			Treasurer Name CHRISTINE REDFERN		
Street Address P.O. BOX 1907			Street Address P.O. BOX 1907		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
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
			100	COMMON	\$0.00
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 CONNKTED INC. CHRISTINE REDFERN					Date 2/8/24
Signature of Authorized Representative <i>[Handwritten Signature]</i>					

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