



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.

FILED

FEB 28 2024

BY

1. Entity ID Number 128456		2. Exact name of the Corporation PrizMetrik, Inc.			
3. Principal Office Address PO Box 174			City Hopkinton		State RI Zip 02833
4. NAICS Code 541511		6. Brief description of the character of business conducted in Rhode Island DEVELOPMENT OF COMPUTER SOFTWARE AND SALE OF SOFTWARE LABOR			
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 Kenneth L. Sheehan			Vice-President Name Clay Tornquist		
Street Address 154 Privet Ln			Street Address PO Box 3424		
City Milford	State PA	Zip 18337	City Groton	State CT	Zip 06340
Secretary Name Clay Tornquist			Treasurer Name Todd A. Jarvinen		
Street Address PO BOX 3424			Street Address 9603 Pamela Street		
City Groton	State CT	Zip 06344	City El Dorado Hills	State CA	Zip 95762
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		PAR VALUE
			7800	COMMON	No Par Value
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 Clay Tornquist				Date 2/27/2024	
Signature of Authorized Representative 					