



State of Rhode Island  
Department of State - Business Services Division

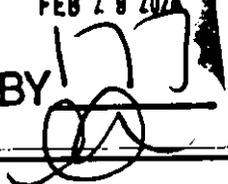
Annual Report for the year: 2024

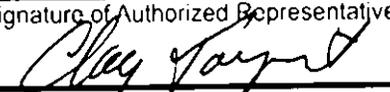
Corporation

- 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 <b>128456</b>		2. Exact name of the Corporation <b>PrizMetrik, Inc.</b>			
3. Principal Office Address <b>PO Box 174</b>			City <b>Hopkinton</b>	State <b>RI</b>	Zip <b>02833</b>
4. NAICS Code <b>541511</b>		6. Brief description of the character of business conducted in Rhode Island <b>DEVELOPMENT OF COMPUTER SOFTWARE AND SALE OF SOFTWARE LABOR</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Kenneth L. Sheehan</b>			Vice-President Name <b>Clay Tornquist</b>		
Street Address <b>154 Privet Ln</b>			Street Address <b>PO Box 3424</b>		
City <b>Milford</b>	State <b>PA</b>	Zip <b>18337</b>	City <b>Groton</b>	State <b>CT</b>	Zip <b>06340</b>
Secretary Name <b>Clay Tornquist</b>			Treasurer Name <b>Todd A. Jarvinen</b>		
Street Address <b>PO BOX 3424</b>			Street Address <b>9603 Pamela Street</b>		
City <b>Groton</b>	State <b>CT</b>	Zip <b>06344</b>	City <b>El Dorado Hills</b>	State <b>CA</b>	Zip <b>95762</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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	
		<b>7800</b>		<b>COMMON</b>	
				<b>No Par Value</b>	
				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.					
<b>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.</b>					
Name of Authorized Representative <b>Clay Tornquist</b>				Date <b>2/27/2024</b>	
Signature of Authorized Representative 					

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