

State of Rhode Island
Department of State - Business Services Division

FILED

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.

MAR 12 2024

BY 47847

DS

1. Entity ID Number 000489518		2. Exact name of the Corporation ENTELEGENT SOLUTIONS, INC.			
3. Principal Office Address 2520 WHITEHALL PARK DRIVE #200		City CHARLOTTE		State NC	Zip 28273
4. NAICS Code 541990		6. Brief description of the character of business conducted in Rhode Island COMMUNICATIONS			
5. State of Incorporation NC					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name TOM TURPIN			Vice-President Name		
Street Address 8040 LAKE PROVIDENCE DRIV			Street Address		
City MATTHEWS	State NC	Zip 28104	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			0		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 				Date 3/4/2024	
Signature of Authorized Representative TOM TURPIN					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov