



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 13 2024
BY *[Signature]*

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.

1. Entity ID Number 6155		2. Exact name of the Corporation SyNet, Inc.			
3. Principal Office Address 64 Dewey Avenue			City Warwick	State RI	Zip 02886
4. NAICS Code 2990		6. Brief description of the character of business conducted in Rhode Island Cable contractor.			
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 Stephen P. Beauvais			Vice-President Name Stephen P. Beauvais		
Street Address 64 Dewey Avenue			Street Address 64 Dewey Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Dana A. Caggiano			Treasurer Name Joyce G. Caggiano		
Street Address 64 Dewey Avenue			Street Address 64 Dewey Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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	
		100		Common	
				PAR VALUE	
				no par	
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. <i>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.</i>					
Name of Authorized Representative Stephen P. Beauvais, President				Date 02-29-2024	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
Division of Business Services
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