



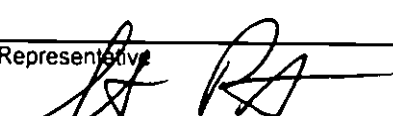
State of Rhode Island
Department of State - Business Services Division

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.

RECD
MAR 20 2024
11:34:27
FOR
SECRETARY OF STATE
ONLY

1. Entity ID Number 000120280		2. Exact name of the Corporation CINETS, INC.			
3. Principal Office Address 42 PHENIX AVENUE		City CRANSTON		State RI	Zip 02920
4. NAICS Code 722410		6. Brief description of the character of business conducted in Rhode Island PUB			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name STEVEN PRATT			Vice-President Name NICHOLAS SACCOCCIA		
Street Address 98 HARPER AVENUE			Street Address PO BOX 585		
City CRANSTON	State RI	Zip 02910	City NORTH SCITUATE	State RI	Zip 02857
Secretary Name STEVEN PRATT			Treasurer Name NICHOLAS SACCOCCIA		
Street Address 98 HARPER AVENUE			Street Address PO BOX 585		
City CRANSTON	State RI	Zip 02910	City NORTH SCITUATE	State RI	Zip 02857
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name STEVEN PRATT			Director Name NICHOLAS SACCOCCIA		
Street Address 98 HARPER AVENUE			Street Address PO BOX 585		
City CRANSTON	State RI	Zip 02910	City NORTH SCITUATE	State RI	Zip 02857
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		800		COMMON	
				NONE	
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 STEVEN PRATT				Date 2/29/24	
Signature of Authorized Representative 				FILED MAR 22 2024 BY ML 41047	

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