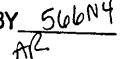
RLSOS Filing Number: 202453592240 Date: 5/1/2024 4:00:00 PM

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State of Rhode Islan Department of Standard Report for the year:	tate - Busine	ess Services	Division			EC'D RIDOS BSD KAY 1 °412:07:57	
Corporation	oration						
Filing period: February 1	May 1					37:50	
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00	fee if form is not	filed by May 31.				57	
1. Entity ID Number	2. Exact name of the Corporation						
001702011	Senet, Inc						
3. Principal Office Address			City State Zip				
100 Market St, Unit 104			Portsmouth		NH	03801	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
517210	Company	Company owns telecommunication property used				aWAN	
5. State of Incorporation DE		connectivity to customers.					
7. List ALL officers (names and ac	idresses)		· <del></del>	Check the	e box to indi	cate an attachment 🔲	
President Name Steven Ball			Vice-President Name				
Street Address 100 Market St, Unit 104			Street Address				
Portsmouth	State NH	<sup>Zrp</sup> 03801	City		State	Zip	
Secretary Name	1		Treasurer Name				
Street Address	Street Address						
City	State	Ζip	City		State	Zıp	
8. List ALL directors (names and a	addresses)			Check the	e box to indi	cate an attachment	
Director Name Peter Magnus			Director N	Arti Ots			
Street Address 100 Market St,	Street Address 100 Market St, Unit 104						
<sup>City</sup> Portsmouth	State NH	<sup>Zip</sup> 03801	Cib.	<sup>City</sup> Portsmouth		NH 03801	
Director Name			Director Na	ame			
Street Address			Street Address				
Cny	State	Ζiρ	City	City		Zip	
9. Shares Authorized		10. Shares Issa	ued	Check th	e box to ind	icate an attachment	
his information is currently of record in the			NUMBER OF SHARES		RIES		
Department of State.  Changes require an additional filing.		1,000		Common		0.01	
					<del></del>		
11. This report must be executed occiver or trustee, this report must					rporation is	in the hands of a re-	
Under penalty of perjury, I decis	re and affirm th	at i have examine	ed this repo	rt, including any acc	ompanying	schedules and	
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative					Date		
Alina Arida				05/01/2024			
Signature of Authorized Represen	talive						
eRida			ΜΔ\	1 2024			
MAIL TO: Division of Business Services	<del>_</del>						

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov



FORM 630- Revised, 12/2023