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2024 MAY 1 PM 12:07:57

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.

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	6. Brief description of the character of business conducted in Rhode Island
517210	Company owns telecommunication property used for LoRaWAN connectivity to customers.
5. State of Incorporation	
DE	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Steven Ball	
Street Address: 100 Market St, Unit 104	Street Address:
City: Portsmouth / State: NH / Zip: 03801	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 ☐

Director Name	Director Name
Peter Magnusson	Arti Ots
Street Address: 100 Market St, Unit 104	Street Address: 100 Market St, Unit 104
City: Portsmouth / State: NH / Zip: 03801	City: Portsmouth / State: NH / Zip: 03801
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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	1,000	Common	0.01

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
Alina Arida	05/01/2024

Signature of Authorized Representative: eRida

FILED
MAY 1 2024
BY 566N4
AR

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

FORM 630- Revised. 12/2023