



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 001681676		2. Exact name of the Corporation Sensys Gatso USA, Inc.	
3. Principal Office Address 900 Cummings Center Suite 316-U		City Beverly	State MA
		Zip 01915	
4. NAICS Code 541519	6. Brief description of the character of business conducted in Rhode Island Automated Traffic Enforcement as a Managed Service		
5. State of Incorporation Delaware			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name William Braden		Vice-President Name	
Street Address 900 Cummings Center Ste 316-U		Street Address	
City Beverly	State MA	City	State
Zip 01915		Zip	
Secretary Name William Braden		Treasurer Name Simon Mulder	
Street Address 900 Cummings Center Ste 316-U		Street Address 3 Vasavagen 3C	
City Beverly	State MA	City Jonkoping	State Sweden
Zip 01915		Zip 554 54	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name William Braden		Director Name Simon Mulder	
Street Address 900 Cummings Center Ste 316-U		Street Address 3 Vasavagen 3C	
City Beverly	State MA	City Jonkoping	State Sweden
Zip 01915		Zip 554 54	
Director Name Ivo Monnink		Director Name	
Street Address 3 Vasavagen 3C		Street Address	
City Jonkoping	State Sweden	City	State
Zip 554 54		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
			.000
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 WILLIAM BRADEN			Date 5/7/24
Signature of Authorized Representative <i>William Braden</i> FILED			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 630- Revised: 12/2023