



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	Zip 01915	City	State	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	Zip 01915	City Jonkoping	State Sweden	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	Zip 01915	City Jonkoping	State Sweden	Zip 554 54
Director Name Ivo Monnik			Director Name		
Street Address 3 Vasavagen 3C			Street Address		
City Jonkoping	State Sweden	Zip 554 54	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		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