



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

2023-05-13 10:57

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 Monnink			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 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	
		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

FILED
MAY 13 2024
BY 738NO 10:57
ALC FORM 630- Revised: 12/2023