



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022

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 000275831		2. Exact name of the Corporation Boston Colocation Inc.			
3. Principal Office Address 400 Putnam Pike, STE J 203			City Smithfield	State RI	Zip 02917
4. NAICS Code 517000		6. Brief description of the character of business conducted in Rhode Island Data center and associated operations			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James William Archer			Vice-President Name William Archer		
Street Address 400 Putnam Pike Ste J 203			Street Address 315 Gorton Lake Blvd		
City Smithfield	State RI	Zip 02917	City Warwick	State RI	Zip 02886
Secretary Name James William Archer			Treasurer Name William Archer		
Street Address 400 Putnam Pike Ste J 203			Street Address 315 Gorton Lake Blvd		
City Smithfield	State RI	Zip 02917	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James William Archer			Director Name William Archer		
Street Address 400 Putnam Pike Ste J 203			Street Address 315 Gorton Lake Blvd		
City Smithfield	State RI	Zip 02917	City Warwick	State RI	Zip 02886
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			500	CWP	\$0.01
Changes require an additional filing.					
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 Archer					Date 10/31/2024
Signature of Authorized Representative					

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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