

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

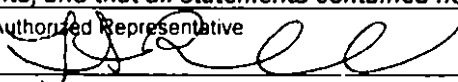
→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

DEC 23 2024

1605

1. Entity ID Number 000521765		2. Exact name of the Corporation DYNAMIC SCHEDULING SOLUTIONS, INC.			
3. Principal Office Address 2055 DIAMOND HILL ROAD, UNIT 7127		City CUMBERLAND		State RI	Zip 02864-8831
4. NAICS Code 541310	6. Brief description of the character of business conducted in Rhode Island				
5. State of Incorporation RI	CONSULTING				
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name HEATHER E. BUINICKI			Vice-President Name HEATHER E. BUINICKI		
Street Address 2055 DIAMOND HILL RD 7127			Street Address 2055 DIAMOND HILL RD 7127		
City CUMBERLAND	State RI	Zip 02864-8831	City CUMBERLAND	State RI	Zip 02864-8831
Secretary Name HEATHER E. BUINICKI			Treasurer Name HEATHER E. BUINICKI		
Street Address 2055 DIAMOND HILL RD 7127			Street Address 2055 DIAMOND HILL RD 7127		
City CUMBERLAND	State RI	Zip 02864-8831	City CUMBERLAND	State RI	Zip 02864-8831
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 1000	CLASS/SERIES COMMON	PAR VALUE 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 12/11/2025
Signature of Authorized Representative HEATHER E. BUINICKI					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov