

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

FILED

DEC 26 2024

BY 8128

1 Entry ID Number C01750949		2 Exact name of the Corporation SENTAR, INC.									
3 Principal Office Address 675 DISCOVERY DR NW SUITE 205			City HUNTSVILLE		State AL						
Zip 35806											
4 NAICS Code 541990		6 Brief description of the character of business conducted in Rhode Island									
5 State of Incorporation AL		SOFTWARE DEVELOPMENT									
7 List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>						
President Name BRIDGET MCCALES			Vice-President Name APRIL NADEAU								
Street Address 110 BOURBON ALLEY			Street Address 564 TWO MILE RUN								
City MADISON	State AL	Zip 35758	City JOHNS ISLAND	State SC	Zip 29455						
Secretary Name			Treasurer Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
8 List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>						
Director Name PETER A. KISS			Director Name KAREN KISS								
Street Address 1409 CHANDLER ROAD			Street Address 1409 CHANDLER ROAD								
City HUNTSVILLE	State AL	Zip 35801	City HUNTSVILLE	State AL	Zip 35801						
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.		Check the box to indicate an attachment <input type="checkbox"/>									
Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIALS</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>4556792</td> <td>COMYN</td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIALS	PAR VALUE	4556792	COMYN	
NUMBER OF SHARES	CLASS/SERIALS	PAR VALUE									
4556792	COMYN										
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 <u>Jill Valliet</u>					Date 12/10/2024						
Signature of Authorized Representative JILL VALLIET											

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov