



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
FEB 10 PM 12:54
SOS RI 005 850

1. Entity ID Number 000120827		2. Exact name of the Corporation FREEDOM TECHNOLOGY SOLUTIONS, INC.			
3. Principal Office Address 920 HARTFORD AVENUE			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 541519	6. Brief description of the character of business conducted in Rhode Island TO OPERATE A COMPUTER INFORMATION CONSULTING BUSINESS, TO OUTSOURCE TECHNOLOGY SOLUTIONS				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GEORGE E. JEMERY III			Vice-President Name FELICE N. MAGLIARI		
Street Address 3 EAGLE STREET			Street Address 14 MADISON AVENUE		
City JOHNSTON	State RI	Zip 02919	City FRANKLIN	State MA	Zip 02038
Secretary Name VINCENT SIBILIA			Treasurer Name FELICE N. MAGLIARI		
Street Address 170 BORDEN AVENUE			Street Address 14 MADISON AVENUE		
City JOHNSTON	State RI	Zip 02919	City FRANKLIN	State MA	Zip 02038
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 8000	CLASS/SERIES COMMON	PAR VALUE NONE
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 FELICE N. MAGLIARI			FILED		Date 2/3/25
Signature of Authorized Representative <i>Felice N. Magliari</i>			FEB 10 2025 6264 KS		

MAIL TO:
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