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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 24 2025
BY 4760

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.

1. Entity ID Number	2. Exact name of the Corporation		
000053080	Synnott Systems, Inc.		
3. Principal Office Address	City	State	Zip
76 Community Avenue	Plainfield	CT	06374
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
454390	Photofinishing Business		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Maureen Synnott Wilson	Timothy Wilson
Street Address: 76 Community Ave., PO Box 307	Street Address: 76 Community Ave., PO Box 307
City: Plainfield, State: CT, Zip: 06374	City: Plainfield, State: CT, Zip: 06374
Secretary Name	**Treasurer Name**
Timothy Wilson	Maureen Synnott Wilson
Street Address: 76 Community Ave., PO Box 307	Street Address: 76 Community Ave., PO Box 307
City: Plainfield, State: CT, Zip: 06374	City: Plainfield, State: CT, Zip: 06374

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Maureen Synnott Wilson	Timothy Wilson
Street Address: 76 Community Ave., PO Box 307	Street Address: 76 Community Ave., PO Box 307
City: Plainfield, State: CT, Zip: 06374	City: Plainfield, State: CT, Zip: 06374
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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
2,000	CNP	0

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
Maureen Synnott Wilson	02/10/2025

Signature of Authorized Representative: Maureen Synnott Wilson

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023