



**State of Rhode Island
Department of State - Business Services Division**

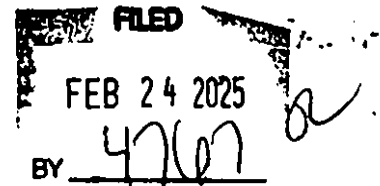
Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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



1. Entity ID Number 000053080		2. Exact name of the Corporation Synnott Systems, Inc.			
3. Principal Office Address 76 Community Avenue			City Plainfield	State CT	Zip 06374
4. NAICS Code 454390		6. Brief description of the character of business conducted in Rhode Island Photofinishing Business			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Maureen Synnott Wilson			Vice-President Name 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 Timothy Wilson			Treasurer Name 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 Maureen Synnott Wilson			Director Name 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 Check the box to indicate an attachment ☐					
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 2,000	CLASS/SERIES CNP	PAR VALUE 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 Maureen Synnott Wilson				Date 02/10/2025	
Signature of Authorized Representative <i>Maureen Synnott Wilson</i>					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov