



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.

REC'D RIDOS BSD  
25 APR 1 PM 4:15:00

1. Entity ID Number 000522572		2. Exact name of the Corporation Strategic Solutions of New England, Inc.			
3. Principal Office Address 91 Moswansicut Lake Dr.			City North Scituate	State RI	Zip 02857
4. NAICS Code 541519		6. Brief description of the character of business conducted in Rhode Island Computer technology support			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Kevin M. Kicia			Vice-President Name		
Street Address 91 Moswansicut Lake Dr.			Street Address		
City North Scituate	State RI	Zip 02857	City	State	Zip
Secretary Name Kevin M. Kicia			Treasurer Name Kevin M. Kicia		
Street Address 91 Moswansicut Lake Dr.			Street Address 91 Moswansicut Lake Dr.		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES	PAR VALUE		
		100	Common	\$0.01	
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. <b>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.</b>					
Name of Authorized Representative Kevin M. Kicia, President				Date 3/8/25	
Signature of Authorized Representative 					

FILED

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

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