



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 RI SOS BSD
25 APR 15 AM 9:33:41
TAMP

1. Entity ID Number 138524		2. Exact name of the Corporation CERNA, INC.			
3. Principal Office Address 5 Division Street			City East Greenwich	State RI	Zip 02818
4. NAICS Code 541612		6. Brief description of the character of business conducted in Rhode Island TO CONDUCT A PERSONNEL SERVICE FIRM			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Robert DaCosta			Vice-President Name Robert DaCosta		
Street Address 5 Division Street			Street Address 5 Division Street		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Robert DaCosta			Treasurer Name Robert DaCosta		
Street Address 5 Division Street			Street Address 5 Division Street		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Robert DaCosta			Director Name		
Street Address 5 Division Street			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIFS		PAR VALUE
			100		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 Robert DaCosta				Date APR 15 2025 3 / 21 / 2025	
Signature of Authorized Representative 				BY	

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