State of Rhode Island
Department of State - Business Services Division

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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
138524	CERNA, INC.

3. Principal Office Address	City	State	Zip
5 Division Street	East Greenwich	RI	02818

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541612	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	Street Address	City	State	Zip
Robert DaCosta	5 Division Street	East Greenwich	RI	02818

Vice-President Name	Street Address	City	State	Zip
Robert DaCosta	5 Division Street	East Greenwich	RI	02818

Secretary Name	Street Address	City	State	Zip
Robert DaCosta	5 Division Street	East Greenwich	RI	02818

Treasurer Name	Street Address	City	State	Zip
Robert DaCosta	5 Division Street	East Greenwich	RI	02818

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

Director Name	Street Address	City	State	Zip
Robert DaCosta	5 Division Street	East Greenwich	RI	02818

Director Name	Street Address	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
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	Date
Robert DaCosta	3 /21 /2025

Signature of Authorized Representative: [signature]

APR 15 2025

BY [signature]

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