RI SOS Filing Number: 202572274230 Date: 4/30/2025 12:56:00 PM

Department of State - Business Services Division					REC'D 25 APR 3	315	
Annual Report for the year: 2025						<b>3</b> 1,	
Corporation					RIDOS 30 FK 1.5		
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00							
→ Penalty: Additional \$25.0	0 fee if form is not fil	ed by May 31.			1.0		
Entity ID Number	2. Exact name of	2. Exact name of the Corporation					
846682	Kinly, Inc						
3. Principal Office Address 3. Principal Office Address 41.00			City				
2 Ridgedale Avenue #1					NJ	07927	
4. NAICS Code 541512	6. Brief description	Brief description of the character of business conducted in Rhode Island					
5. State of Incorporation	Provider of i	Provider of integrated AV / Conferencing solutions					
New Jersey							
7. List ALL officers (names and	addrasses)			Check the	boy to indic	cate an attachment	
President Name Thomas Martin			Vice-Presio	Vice-President Name			
Street Address Friheim 7			Street Addr	Street Address			
City Hafrsfjord	State Norway	<sup>Zip</sup> 4047	City	City		Zıp	
Secretary Name			Treasurer Name				
Street Address			Street Addr	Street Address			
City	State	Zip	City		State	Zıp	
8 List ALL directors (names and Director Name	d addresses)		Dispator No		box to indic	cate an attachment 🔲	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City	Sity		Zip	
Director Name	me			Director Name			
Street Address			Street Address				
Cily	State	Zıp	City		State	Zıp	
9. Shares Authorized		0. Shares Issued Check the box to indicate an attachment ☐ NUVBER OF SHARES CLASS/SERIES PAR VALUE  PAR VALUE					
This information is currently of record in the Department of State.		150		_	Common 0		
Changes require an additional filing.							
				Preferred		100	
<ol> <li>This report must be executed ceiver or trustee, this report must</li> </ol>					poration is i	in the hands of a re-	
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	
Thomas Martin					4/8/2	2025	
Signature of Authorized Representative							
<u> </u>				6 11 1	<del></del>		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 3 1 7025 FORM 630- Revised. 12/2023