



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

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 2/20/25 BSD
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1. Entity ID Number 846682		2. Exact name of the Corporation Kinly, Inc			
3. Principal Office Address 2 Ridgedale Avenue #100		City Cedar Knolls		State NJ	Zip 07927
4. NAICS Code 541512		6. Brief description of the character of business conducted in Rhode Island Provider of integrated AV / Conferencing solutions			
5. State of Incorporation New Jersey					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Thomas Martin			Vice-President Name Greg Burke		
Street Address Friheim 7			Street Address 24 Wenonah Ave		
City Hafsljord	State Norway	Zip 4047	City Lake Hiawatha	State NJ	Zip 07834
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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					
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/SERIES		PAR VALUE	
150		Common		0	
2400		Preferred		100	
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 Thomas Martin					Date 4/8/2025
Signature of Authorized Representative <i>Tom Martin</i>					

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

APR 30 2025
BY J40KLW
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FORM 630- Revised 12/2023