



**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.

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1. Entity ID Number <b>122225</b>		2. Exact name of the Corporation <b>CONNKTED INCORPORATED</b>			
3. Principal Office Address <b>404 MAIN STREET</b>			City <b>E. GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>
4. NAICS Code <b>541549</b>		6. Brief description of the character of business conducted in Rhode Island <b>COMPUTER CONSULTING, SALES AND SERVICE.</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>DON A. KASS</b>			Vice-President Name <b>CHRISTINE REDFERN</b>		
Street Address <b>P.O. BOX 1907</b>			Street Address <b>P.O. BOX 1907</b>		
City <b>E. GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>E. GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>DON A. KASS</b>			Treasurer Name <b>CHRISTINE REDFERN</b>		
Street Address <b>P.O. BOX 1907</b>			Street Address <b>P.O. BOX 1907</b>		
City <b>E. GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>E. GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>
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			10. Shares Issued <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.			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			<b>100</b>	<b>COMMON</b>	<b>\$0.00</b>
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 <b>CHRISTINE REDFERN</b>					Date <b>4-1-25</b>
Signature of Authorized Representative 					<b>FILED</b>
					<b>APR 30 2025</b>

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

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