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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year Corporation		JUL 03 2025 D								
→ Filing period: February 1 - May 1						2	Alla			
→ Filing Fee: \$50.00					B	<u>ر</u> ت ۱	<u> </u>) [1	
→ Penalty. Additional \$25.00 fee if form is not filed by May 31.										
1. Entity ID Number	2. Exact name of	the	Corporation							
001690288	CLOUDBUR	ST	CONSULTING	GROUE	INC.					
3. Principal Office Address					y State Zip					
8400 CORPORATE I	DRIVE, SUI	TF	E 550	LANDOVER MD 20785						
4. NAICS Code	Brief description of the character of business conducted in Rhode Island									
541600										
5. State of Incorporation										
MD	CONSULTI	NG								
7. List ALL officers (names and		Check the box to indicate an attachment								
President Name					Vice-President Name					
MICHELLE HAYES										
Street Address				Street Address						
5 MAPLE COURT										
City	State	Zip		City	-	State		Zip		
ANDOVER	MA	0	1810			<u> </u>	l			
Secretary Name					Treasurer Name					
Street Address				Street Address						
City	State	Zip	· · · · · · · · · · · · · · · · · · ·	City		State		Zip		
					<u> </u>	<u> </u>				
List ALL directors (names and addresses)					Check the box to indicate an attachment					
Director Name					Director Name					
Street Address				Street Address						
City	State Zip		<u> </u>	City		State		Ζip		
Director Name				Director Name						
Street Address				Street Address						
City State 2		Zip		City		State		Zip		
9. Shares Authorized	<u> </u>		10. Shares Issued	<u> </u>	Che	ck the bo	x to indic	ate an attachment	\Box	
This information is currently of record in the NUMBER C				********						
Department of State.			100	- CO CONSTRUCT						
Changes require an additional filing.			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 Date Lo/26/2015										
Signature of Authorized Representative JOHN P. MORGAN										

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov