



State of Rhode Island  
**Department of State - Business Services Division**

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 BUSINESS DIV  
 2022 FEB 23 AM 11:12

**Annual Report for the year:** 2022  
**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. Entry ID Number <b>001675645</b>		2. Exact name of the Corporation <b>CELLA, INC.</b>			
3. Principal Office Address <b>3625 CUMBERLAND BLVD, STE 600</b>			City <b>ATLANTA</b>	State <b>GA</b>	Zip <b>30339</b>
4. NAICS Code <b>561311</b>		6. Brief description of the character of business conducted in Rhode Island <b>HR SERVICES PROVIDER</b>			
5. State of Incorporation <b>MD</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>ROB GANJON</b>			Vice-President Name <b>ROBERT CALABRO</b>		
Street Address <b>150 PRESIDENTIAL WAY, 3RD FLOOR</b>			Street Address <b>150 PRESIDENTIAL WAY, 3RD FLOOR</b>		
City <b>WOBURN</b>	State <b>MA</b>	Zip <b>01801</b>	City <b>WOBURN</b>	State <b>MA</b>	Zip <b>01801</b>
Secretary Name <b>JAY FERGUSON</b>			Treasurer Name		
Street Address <b>3625 CUMBERLAND BLVD, STE 600</b>			Street Address		
City <b>ATLANTA</b>	State <b>GA</b>	Zip <b>30339</b>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>GRAIG PAGLIERI</b>			Director Name <b>ROB GANJON</b>		
Street Address <b>150 PRESIDENTIAL WAY, 3RD FLOOR</b>			Street Address <b>150 PRESIDENTIAL WAY, 3RD FLOOR</b>		
City <b>WOBURN</b>	State <b>MA</b>	Zip <b>01801</b>	City <b>WOBURN</b>	State <b>MA</b>	Zip <b>01801</b>
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>38,200</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>ROBERT CALABRO</b>					Date <b>2/24/22</b>
Signature of Authorized Representative 					

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

**FILED** **AA**  
**FEB 23 2022**  
 3V 00035442 FORM 630 - Revised: 11/2021