



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.

FILED
APR 28 2023
 BY [Signature]

1. Entity ID Number 1694559		2. Exact name of the Corporation Spyglass Solutions, Inc.			
3. Principal Office Address 6 Blackstone Valley Place, Suite 205			City Lincoln	State RI	Zip 2865
4. NAICS Code 541611		6. Brief description of the character of business conducted in Rhode Island Management holding.			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas Mrva			Vice-President Name		
Street Address 6 Blackstone Valley Place, Suite 205			Street Address		
City Lincoln	State RI	Zip 2865	City	State	Zip
Secretary Name Jeanne D. Mrva			Treasurer Name Jeanne D. Mrva		
Street Address 6 Blackstone Valley Place, Suite 205			Street Address 6 Blackstone Valley Place, Suite 205		
City Lincoln	State RI	Zip 2865	City Lincoln	State RI	Zip 2865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Thomas Mrva			Director Name Jeanne D. Mrva		
Street Address 6 Blackstone Valley Place, Suite 205			Street Address 6 Blackstone Valley Place, Suite 205		
City Lincoln	State RI	Zip 2865	City Lincoln	State RI	Zip 2865
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			5,000	common	\$0.0100
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 Mrva				Date 4/26/2023	
Signature of Authorized Representative <u>[Signature]</u>					

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