

SCC eFile

**2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

214518436

1.) CORPORATION NAME:

SONALYSTS, INC.

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOHN LACKIE
15163 DAHLGREN ROAD
SUITE 100**

SCC ID NO: **F0384414**

KING GEORGE, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	60,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

KING GEORGE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 215 PARKWAY NORTH, PO BOX 280

CITY/ST/ZIP: WATERFORD, CT 06385

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	MIROSLAW FAL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO/T/SR VP		
ADDRESS:	989 VAUXHALL STREET EXT		
CITY/ST/ZIP/CO:	QUAKER HILL, CT 06375		

NAME:	JOHN LACKIE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	15163 DAHLGREN ROAD		
CITY/ST/ZIP/CO:	STE 100 KING GEORGE, VA 22485		

NAME:	LAWRENCE F CLARK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	28 MACKINNON PLACE		
CITY/ST/ZIP/CO:	EAST LYME, CT 06333		

NAME:	DAVID R SAMUELSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	376 PENDLETON HILL RD		
CITY/ST/ZIP/CO:	NORTH STONINGTON, CT 06359		

NAME:	MURIEL N HINKLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	RFD #1 BOX 168A COVE RD		
CITY/ST/ZIP/CO:	STONINGTON, CT 06378		

NAME:	MILTON L STRETTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	85 BAKER LANE		
CITY/ST/ZIP/CO:	EAST HADDAM, CT 06423		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONNETA D HODGE DIRECTOR 17 VALERIE STREET WATERFORD, CT 06385	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARNE C JOHNSON DIRECTOR 186 JERRY BROWN RD #1403 MYSTIC, CT 06355	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANNE LISA MACKIE DIRECTOR 12 MILL COVE RD GALES FERRY, CT 06335	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FREDERICK L LITTY VICE PRESIDENT 14 MAID MARION RD GALES FERRY, CT 06335	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW N TORIELLO DIRECTOR 3 WOODVIEW DRIVE LEDYARD, CT 06339	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MIROSLAW FAL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MIROSLAW FAL, CFO/T/SR VP PRINTED NAME AND CORPORATE TITLE	4/8/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			