

SCC eFile

**2016 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

216513460

1.) CORPORATION NAME:

SONALYSTS, INC.

DUE DATE: **4/30/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM
4701 COX ROAD
SUITE 285**

SCC ID NO: **F0384414**

GLEN ALLEN, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	60,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO 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: MILTON L STRETTON
 TITLE: PRESIDENT
 ADDRESS: 85 BAKER LANE
 CITY/ST/ZIP/CO: EAST HADDAM, CT 06423

OFFICER

DIRECTOR

NAME: FREDERICK L LITTY
 TITLE: VICE PRESIDENT
 ADDRESS: 14 MAID MARION RD
 CITY/ST/ZIP/CO: GALES FERRY, CT 06335

OFFICER

DIRECTOR

NAME: MIROSLAW FAL
 TITLE: CFO/T/SR VP
 ADDRESS: 989 VAUXHALL STREET EXT
 CITY/ST/ZIP/CO: QUAKER HILL, CT 06375

OFFICER

DIRECTOR

NAME: JOHN LACKIE
 TITLE: VICE PRESIDENT
 ADDRESS: 15163 DAHLGREN ROAD
 STE 100
 CITY/ST/ZIP/CO: KING GEORGE, VA 22485

OFFICER

DIRECTOR

NAME: LAWRENCE F CLARK
 TITLE: CEO
 ADDRESS: 28 MACKINNON PLACE
 CITY/ST/ZIP/CO: EAST LYME, CT 06333

OFFICER

DIRECTOR

NAME: DAVID R SAMUELSON
 TITLE: SECRETARY
 ADDRESS: 376 PENDLETON HILL RD
 CITY/ST/ZIP/CO: NORTH STONINGTON, CT 06359

OFFICER

DIRECTOR

NAME: MURIEL N HINKLE TITLE: DIRECTOR ADDRESS: RFD #1 BOX 168A COVE RD CITY/ST/ZIP/CO: STONINGTON, CT 06378	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DONNETA D HODGE TITLE: DIRECTOR ADDRESS: 17 VALERIE STREET CITY/ST/ZIP/CO: WATERFORD, CT 06385	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ARNE C JOHNSON TITLE: DIRECTOR ADDRESS: 186 JERRY BROWN RD #1403 CITY/ST/ZIP/CO: MYSTIC, CT 06355	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANNE LISA MACKIE TITLE: DIRECTOR ADDRESS: 12 MILL COVE RD CITY/ST/ZIP/CO: GALES FERRY, CT 06335	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANDREW N TORIELLO TITLE: DIRECTOR ADDRESS: 3 WOODVIEW DRIVE CITY/ST/ZIP/CO: 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	4/12/2016 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.		