

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_2011

Filing Period: January 1 - March 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.		2. Exact name of the Corporation				
000295005	22nd C	entury Technolog	gies, Inc.			
Principal office address     Executive Drive, Suite 285			City Somerset	State <b>NJ</b>	Zip 08873	
4. Business Phone No. <b>732-537-9191</b>			5. State of Incorporation New Jersey			
6. Brief description of the char Information Technolo						
					말하는 역 역 소경에 돌본다	
President Name Satvinder Singh			Vice-President Name None			
Street Address  1 Executive Drive, Su	ite 285		Street Address			
City <b>Somerset</b>	State NJ	Zip <b>08873</b>	City	State	Zip	
Secretary Name None			Treasurer Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name None			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	Common	O O	
			400	Common	0	
This report must be executed	on behalf of the	corporation by an authorize	ed representative. If the	corporation is in the hands	s of a 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.

07/26/2012

JUL 2 7 2012

Signature of Authorized Representative

175749

**Kulpreet Singh (Business Development Manager)** 

Form No. 630 Revised: 01/2012 /0 13 Print or Type Name of Authorized Representative