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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No. 86099	*2. Name of Corporation* Technology Temporary Services, Inc.		
3. Street Address Principal Business Office 59 Kelton Street	*City* Rehoboth	*State* MA	*Zip* 02769
4. Business Phone No. 508-809-6320	*5. State of Incorporation* Massachusetts		

6. Brief Description of the Character of Business Conducted in Rhode Island
Providing Technical Professionals to Business Electronic industry. Any form of business pertaining to High Tech Mfg.

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name John B. Clements			*Vice President Name* None		
Street Address 59 Kelton Street			*Street Address* None		
City Rehoboth	*State* MA	*Zip* 02769	*City* None	*State* None	*Zip* None
Secretary Name John B. Clements			*Treasurer Name* John B. Clements		
Street Address 59 Kelton Street			*Street Address* 59 Kelton Street		
City Rehoboth	*State* MA	*Zip* 02769	*City* Rehoboth	*State* MA	*Zip* 02769

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name John B. Clements			*Director Name* None		
Street Address 59 Kelton Street			*Street Address* None		
City Rehoboth	*State* MA	*Zip* 02769	*City* None	*State* None	*Zip* None
Director Name None			*Director Name* None		
Street Address None			*Street Address* None		
City None	*State* None	*Zip* None	*City* None	*State* None	*Zip* None

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	*Class/Series*	*Par Value*
300	Common	None

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.

Signature — *Date* 1-15-2009

Print or Type Name JOHN CLEMENTS

Title PRESIDENT

File Date FILED

Check No. JAN 20 2009

By: 3319

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Form 630 Rev. 08/08