

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

2012 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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(cerd)) is

subject to a penalty fee of \$25.00.					
1. Corporate ID No. 62494	2. Name of Corporation DTECH, INC.				
3. Street Address Principal Business Office 9 SPINK STREET			WICKFORD	State RI	^{Zip} 02852
4. Business Phone No. 5. State of Incorporation RHODE ISLAND					
DEVELOPMENT OF HARD	WARE AND SOFTW	ARE PRODUCTS			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name TIMOTHY S. WASCO			CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name NONE		
Street Address 9 SPINK STREET			Street Address		
City WICKFORD	State RI	^{Zip} 02852	City	State	Zip
Secretary Name TIMOTHY S. WASCO			Treasurer Name TIMOTHY S. WASCO		
Street Address 9 SPINK STREET			Street Address 9 SPINK STREET		
City WICKFORD	State RI	^{Zip} 02852	City WICKFORD	State RI	Zip 02852
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name TIMOTHY S. WASCO			CACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name		
Street Address 9 SPINK STREET			Street Address		
City WICKFORD	State RI	Zip 02852	City	State	Zip
Director Name		Director Name			
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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	Class/Series	Par Value
			1,000	COMMON	\$.01
		<u></u>	<u></u>		
This report must be executed this report must be executed File Date Check No.			Under penalty of pincluding any accontained herein at Signature	erjury, I declare and affirm the mpanying schedules and state true and correct. S. WASCO	hat I have examined this reportements, and that all statement
FOR SECRETARY OF ST.	ATE USE ONLY		PRESIDENT		

Title