



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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2011

**1. ID No.** 000487888

**2. Exact Name of the Limited Liability Company** Triad Sourcing Technologies LLC

**3. State of Formation**

State: RI

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

Sourcing and consulting for sourcing of domestic and international OEM products

**5. Principal Office Address**

No. and Street: 6 ORCHID TRAIL

City or Town: COVENTRY State: RI Zip: 02816 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: WILLIAM SPIERS Contact Title: MANAGER

No. and Street: 6 ORCHID TRAIL

City or Town: COVENTRY State: RI Zip: 02816 Country: US

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	WILLIAM SPIERS	6 ORCHID TRAIL COVENTRY, RI 02816 USA
MANAGER	MARK LEVESQUE	485 STOCKDALE CIRCLE ROLLINSFORD, NH 03869 USA
MANAGER	JOHN COOK	89 MAPLE STREET SOMERSWORTH, NH 03878 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

NATIONAL REGISTERED AGENTS, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI  
02888

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 23 Day of May, 2012 at 4:54:18 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By WILLIAM A SPIERS  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2012 State of Rhode Island and Providence Plantations  
All Rights Reserved