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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 2010

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		
000106255	New Technology Computer, Inc		
3. Principal office address: 1549 Westminster street	City: Providence	State: RI	Zip: 02909
4. Business Phone No.: (401) 621-8880	5. State of Incorporation: RI		
6. Brief description of the character of business conducted in Rhode Island: Computers and Related equipment.			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Phidias Méndez					
Street Address: 339 Blackstone street			Street Address		
City: Providence	State: RI	Zip: 02907	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Phidias Méndez					
Street Address: 339 Blackstone street			Street Address		
City: Providence	State: RI	Zip: 02907	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000		

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.

Phidias Méndez (signature) — 7/23/12
Signature of Authorized Representative — Date

Phidias Mendez
Print or Type Name of Authorized Representative

FILED
AUG 3 0 2012
BY cc 177934
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File Date
Check No
By:
FOR SECRETARY OF STATE USE ONLY
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Form No. 630
Revised: 01/2012