



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 **2015**

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. 000796989		2. Exact name of the Corporation NXTECH INCORPORATED			
3. Principal office address 100 TECHNE CENTER DRIVE, SUITE 125		City MILFORD		State OH	Zip 45150
4. Business Phone No. 513-943-0000		5. State of Incorporation OHIO			
6. Brief description of the character of business conducted in Rhode Island REMOTE CUSTOMER IMPLEMENTATION SUPPORT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
President Name THAD M. BAUER			Vice-President Name NONE		
Street Address 655 POLO WOODS DRIVE			Street Address NONE		
City CINCINNATI	State OH	Zip 45244	City NONE	State NONE	Zip NONE
Secretary Name NONE			Treasurer Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE	Zip NONE
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name NONE			Director Name NONE		
Street Address NONE			Street Address NONE		
City NONE	State NONE	Zip NONE	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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			0	CNP	0

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

MAR 05 2015

BY **1008**

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.

Thad Bauer

02/25/2015

Signature of Authorized Representative

Date

THAD BAUER

Print or Type Name of Authorized Representative

ATTACHMENT to Form No. 630: PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Entity ID No. 000796989	Exact Name of the Corporation: NXTECH INCORPORATED
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7. List **ALL** officers (names and addresses)

CEO Name WILLIAM TEDRICK		
Street Address 6702 SANDY SHORES DRIVE		
City LOVELAND	State OH	Zip 45140

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MAR 05 2015

BY 796989