



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

2015

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

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. <b>000507008</b>		2. Exact name of the Corporation <b>Technology Resource Solutions, Inc.</b>			
3. Principal office address <b>8171 Main St, Suite 7</b>			City <b>Williamsville</b>	State <b>NY</b>	Zip <b>14221</b>
4. Business Phone No. <b>716-810-1115</b>		5. State of Incorporation <b>New York</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Non-Regulated Power Producer (energy broker)</b>					
President Name <b>Kenneth R Rowen</b>			Vice-President Name <b>None</b>		
Street Address <b>8171 Main St, Suite 7</b>			Street Address		
City <b>Williamsville</b>	State <b>NY</b>	Zip <b>14221</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (*X- BOX FOR ATTACHMENT)</b>					
Director Name <b>Kenneth R Rowen</b>			Director Name <b>Stacy A Rowen</b>		
Street Address <b>8171 Main St, Suite 7</b>			Street Address <b>8171 Main St, Suite 7</b>		
City <b>Williamsville</b>	State <b>NY</b>	Zip <b>14221</b>	City <b>Williamsville</b>	State <b>NY</b>	Zip <b>14221</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED (*X- BOX FOR ATTACHMENT)</b>		
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
			100	None	\$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.

**FILED**

**MAR 13 2015**

File Date: \_\_\_\_\_  
 Check No: \_\_\_\_\_  
 By: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

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.

*Stacy A Rowen* **03/09/2015**  
 Signature of Authorized Representative Date

**Stacy A Rowen**  
 Print or Type Name of Authorized Representative

*1610*