RI SOS Filing Number: 201557477860 Date: 03/13/2015 4:00 PM

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 152791
2. Name of Corporation: TECHNOLOGY WITHOUT LIMITS, INC.
3. Street Address Principal Business Office: 57 SERVICE ROAD. City: WEST WARWICK State: R.I. Zip: 02893
4. Business Phone No.: (401) 286-7756.
5. State of Incorporation: R.I.
6. SIC Code:
7. Brief Description of the Character of Business Conducted in Rhode Island: WHOLESALE SALES OF MOTORS.

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: JOHN F. LOPEZ JR.
Street Address: 57 SERVICE RD.
City: WEST WARWICK *State*: RI *Zip*: 02893

Vice President Name: SANDRA A. LOPEZ
Street Address: 57 SERVICE RD.
City: WEST WARWICK *State*: R.I. *Zip*: 02893

Secretary Name: SANDRA A. LOPEZ
Street Address: 57 SERVICE RD.
City: WEST WARWICK *State*: RI *Zip*: 02893

Treasurer Name: JOHN F. LOPEZ JR.
Street Address: 57 SERVICE RD.
City: WEST WARWICK *State*: R.I. *Zip*: 02893

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name: N/A
Street Address:
City *State* *Zip*

Director Name: N/A
Street Address:
City *State* *Zip*

Director Name: N/A
Street Address:
City *State* *Zip*

Director Name: N/A
Street Address:
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES: 16,000
Number of Shares *Class/Series* *Par Value*

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES: 100 COMMON .01
Number of Shares *Class/Series* *Par Value*

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

FILED
MAR 13 2015
BY 3833

File Date:
Check No.:

By: 118194-4-1030096
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

X [signature] 1/28/15
Signature of Officer *Date*

JOHN F. LOPEZ JR
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 12/02