



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

Amended

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
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1. Entity ID Number <u>001099727</u>		2. Exact name of the Corporation <u>T Squared Inc</u>	
3. Principal Office Address <u>PO Box 1205</u>		City <u>Coventry</u>	State <u>RI</u>
4. Business Phone Number <u>401-450-6309</u>		5. State of Incorporation <u>RI</u>	
6. Brief description of the character of business conducted in Rhode Island <u>Contractor Services</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Tony Vignea</u>		Vice-President Name <u>Tom Mulligan</u>	
Street Address <u>SAME</u>		Street Address <u>SAME</u>	
City <u></u>	State <u></u>	City <u></u>	State <u></u>
Secretary Name <u></u>		Treasurer Name <u></u>	
Street Address <u></u>		Street Address <u></u>	
City <u></u>	State <u></u>	City <u></u>	State <u></u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Tony Vignea</u>		Director Name <u>Tom Mulligan</u>	
Street Address <u>133 Hammond St</u>		Street Address <u>2 Huckleberry Rd</u>	
City <u>Seekonk</u>	State <u>MA</u>	City <u>Coventry</u>	State <u>RI</u>
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES <u>2</u>	CLASS/SERIES <u></u>
		PAR VALUE <u>.01</u>	
11. 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.			
Name of Authorized Representative <u>Tony Vignea</u>		Date <u>8/16/16</u>	
Signature of Authorized Representative <u>Ty Vignea</u>		SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

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By [Signature]

FORM 630 - Revised: 05/2016