	State of Rhode Island and Prov Office of the Secretar		Fee: \$50.00
	Division Of Business	Services	
	148 W. River Str		
	Providence RI 02904		
HOPE	(401) 222-304	0	
Limited Liability Comp Annual Report Filing Period: September 1 - I			
	-16-66(d), each limited liability company) days after the time prescribed by law (ł 5.00.		
ANNUAL REPORT YEAR: 2	2016		
1. ID No. <u>000799436</u>			
2. Exact Name of the Limited Liability Company <u>TOPAZ Technologies, LLC</u>			
3. State of Formation			
State: <u>TX</u>			
	ARTICLE III		
Using the following NAICS c	odes, please select the code that best c	lescribes your business.	
NAICS Code		<u>6</u> <u>54</u>	
4. Brief Description of the	Character of the Business Which is A	Actually Conducted in Rhode Island	
PROVIDED HOSTED SC	OFTWARE SOLUTIONS TO THE U	NIVERSITY OF RHODE ISLAND	<u>).</u>
5. Principal Office Address	3		
No. and Street: 1421 W W	ELLS BRANCH PARKWAY, SUIT	Έ 107	
City or Town: <u>PFLUGER</u>		State: <u>TX</u> Zip: <u>78660</u> Cour	ntry: <u>USA</u>
6. Mailing Address of Limi	ted Liability Company and Name or	Title of Contact Person:	
Contact Name: Contact Ti	tle:		
	<u>'ELLS BRANCH PARKWAY, SUI</u>		
City or Town: PFLUGER	<u>RVILLE</u>	State: <u>TX</u> Zip: <u>78660</u> Cou	ntry: <u>USA</u>
7. Name and Address of E DO NOT LIST MEMBERS	ach Manager of the Limited Liability	Company, if Applicable.	
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, (Country
MANAGER	RICHARD REYNERTSON	3820 MANSELL ROAD, SUITE ALPHARETTA, GA 30022 USA	375

AARON PLANTE

1421 W WELLS BRANCH PARKWAY, SUITE 107

MANAGER

PFLUGERVILLE, TX 78660 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CAPITOL CORPORATE SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 30 Day of November, 2016 at 10:58:26 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>AARON PLANTE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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