| | State of Rhode Island and Prov Office of the Secretar | | Fee: \$50.00 |
|---|--|--|-------------------|
| | Division Of Business S | Services | |
| | 148 W. River Str | | |
| | Providence RI 02904 | | |
| HOPE | (401) 222-3040 |) | |
| Limited Liability Company | | | |
| Annual Report | | | |
| Filing Period: September 1 - I | November 1 | | |
| | -16-66(d), each limited liability company | | |
| annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is | | | |
| subject to a penalty fee of \$2 | 5.00. | | |
| ANNUAL REPORT YEAR: 2017 | | | |
| 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 dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u> | | | |
| NAICS Code | | 6 54 | |
| | | | |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island | | | |
| PROVIDED HOSTED SOFTWARE SOLUTIONS TO THE UNIVERSITY OF RHODE ISLAND. | | | |
| 5. Principal Office Address | 5 | | |
| No. and Street: 1421 W WELLS BRANCH PARKWAY, SUITE 107 | | | |
| City or Town: PFLUGER | | State: <u>TX</u> Zip: <u>78660</u> Cou | untry: USA |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | | |
| | | | |
| Contact Name: Contact Title: No. and Street: 1421 W WELLS BRANCH PARKWAY, SUITE 107 | | | |
| City or Town: PFLUGER | | State: <u>TX</u> Zip: <u>78660</u> Cou | untry: <u>USA</u> |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | |
| Title | Individual Name | Address | |

First, Middle, Last, Suffix

RICHARD REYNERTSON

MANAGER

Address, City or Town, State, Zip Code, Country

3820 MANSELL ROAD, SUITE 375

MANAGER

AARON PLANTE

ALPHARETTA, GA 30022 USA

1421 W WELLS BRANCH PARKWAY, SUITE 107 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 25 Day of August, 2017 at 11:37:43 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 or the 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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