



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

STAMP

FOR SECRETARY OF STATE OFFICE ONLY

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

1. Entity ID Number 54999		2. Exact name of the Corporation Integrated Technologies, Inc.			
3. Principal Office Address 199 Joe Sarle Road			City Chepachet	State RI	Zip 02814
4. NAICS Code 611519		6. Brief description of the character of business conducted in Rhode Island Computer Software Training			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Stephen Mark Aldous			Vice-President Name		
Street Address 199 Joe Sarle Rd.			Street Address		
City Glocester	State RI	Zip 02814	City	State	Zip
Secretary Name Stephen Mark Aldous			Treasurer Name Stephen Mark Aldous		
Street Address 199 Joe Sarle Rd.			Street Address 199 Joe Sarle Rd.		
City Glocester	State RI	Zip 02814	City Glocester	State RI	Zip 02814
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Stephen Mark Aldous			Director Name		
Street Address 199 Joe Sarle Rd.			Street Address		
City Glocester	State RI	Zip 02814	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200		CNP	No Par Value
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. <i>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.</i>					
Name of Authorized Representative STEPHEN M. ALDOUS					Date 1/24/2018
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040

FEB 13 2018
 BY 11314 DS