RI SOS Filing Number: 201859085330 Date: 2/23/2018 4:00:00 PM

State of Rhode Island : Department of S  Annual Report for the	State - Busin	ess Services	Division		_	SECRET CC PER 2016 FEB	
Corporation  → Filing period: January 1		0	_			ECEIVE K.S.) C.	
→ Filing Fee: \$50.00 → Penalty: Additional \$25.0	0 fee if form is ne	ot filed by April 1.					
1. Entity ID Number	2. Exact nam	ne of the Corporatio	n			0 ,	
000081744		CAD Tech, Inc.					
3. Principal Office Address			City		State	Zıp	
2 Williams Street			Providence	•	RI	02903	
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island					
541512	Providing a	Providing architectural stonework design and similar such services					
5. State of Incorporation		1					
Rhode Island							
7. List ALL officers (names and	addresses)				the box to i	ndicate an attachment 🗖	
President Name Robert A. Larsh	Vice-Presiden	Vice-President Name Same					
Street Address 3 Summit Street			Street Address				
City Johnston	State RI	<sup>Zip</sup> 02919	City		State	Zip	
Secretary Name Same as above			Treasurer Name Same				
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
8. List ALL directors (names and	d addresses)			Check	the box to	indicate an attachment	
Director Name N/A			Director Name	N/A			
Street Address			Street Address				
City	State	Žip	City	City State		Zip	
Director Name N/A			Director Name	Director Name			
Street Address			Street Address				
City	State	Zıp	City		State	Zip	
Shares Authorized     This information is currently of record in the Department of State.		10. Shares Iss		Check the box to indicate an attachment [			
		100	r SPARES	Common		No Par	
Changes require an additional fili	ng.						
<ol> <li>This report must be execute trustee, this report must be executed</li> </ol>	cuted on behalf of	the corporation by	the receiver or tr	rustee.			
Under penalty of perjury, I dec statements, and that all stater				ncluding any accon	npanying s	chedules and	
Name of Authorized Representa		FILED   Date 2/15/2018					
Signature of Authorized Represe		7 1	CUMENT HER	EB <b>2 3</b> 2018	I	<u>. , ,</u>	
J-NY	c j	V					
MAIL TO:  Vivision of Business Services			RV/	72337			

148 W. River Street. Providence, Rhode Island 02904-2615 **Phone**: (401) 222-3040

Website: www.sos.ri.gov

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