



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

Annual Report for the year: 2018 Corporation

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

2018 JAN 6 PM 2:52
 SECRETARIAL CORPORATION

1. Entity ID Number 714720		2. Exact name of the Corporation 2 T Technology, Inc.			
3. Principal Office Address 626 Park Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 621340		6. Brief description of the character of business conducted in Rhode Island SPEECH PATHOLOGY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Peter Erklauer			Vice-President Name Michael Smith		
Street Address 626 Park Avenue			Street Address 626 Park Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Michael Smith			Treasurer Name Peter Erklauer		
Street Address 626 Park Avenue			Street Address 626 Park Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael Smith			Director Name		
Street Address 626 Park Avenue			Street Address		
City Cranston	State RI	Zip 02920	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 checked="" type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			1000	Common	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. 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 Peter Erklauer				Date 1/8/18	
Signature of Authorized Representative <i>[Signature]</i>				FILED SIGN DOCUMENT HERE MAR 12 2018	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov

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