



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.

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SECRET
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
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	City Cranston	State RI
Secretary Name Michael Smith		Treasurer Name Peter Erklauer	
Street Address 626 Park Avenue		Street Address 626 Park Avenue	
City Cranston	State RI	City Cranston	State RI
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Michael Smith		Director Name Michael Smith	
Street Address 626 Park Avenue		Street Address 626 Park Avenue	
City Cranston	State RI	City Cranston	State RI
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
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.		NUMBER OF SHARES CLASSIFIED PAR VALUE	
Changes require an additional filing.		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 [Signature]			FILED
SIGN DOCUMENT HERE MAR 12 2018			

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov

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