

**Annual Report for the year: 2014**
Corporation

- 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 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 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
		1000		Common	No Par Value
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
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 Michael Smith					Date 2/26/2017
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
Website: www.sos.ri.gov

FILED**MAR 12 2018****116 376367**
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FORM 630 - Revised: 10/2017