



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

Annual Report for the year:
Corporation

2019

→ 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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R.I. DEPT. OF STATE
BUS. SVCS DIV
2018 DEC -3 PM 1:38

1. Entity ID Number 9386		2. Exact name of the Corporation Technology Sales Associates Inc.	
3. Principal Office Address 402 Amherst St, Ste 301		City Nashua	State NH
4. NAICS Code 999999		5. Brief description of the character of business conducted in Rhode Island Manufacturers representatives	
5. State of Incorporation R.I.			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Michael J. Caso		Vice-President Name Robert M Trzepacz	
Street Address 19 Cricket Hill Dr.		Street Address 38 Lesnyk Rd	
City Amherst	State NH	City Goffstown	State NH
Zip 03031		Zip 03045	
Secretary Name Michael J Caso		Treasurer Name Michael J Caso	
Street Address Same		Street Address Same	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 30,000	CLASS/SERIES CWP
			PAR VALUE \$0.01
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 J Caso		Date 11/27/2018	
Signature of Authorized Representative Michael J Caso		44 FILED DEC 03 2018 B' MCCSK	