



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

Annual Report for the year: 2017  
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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2018 NOV 15 AM 11:27

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-3 PM 1:15

1. Entity ID Number <u>9386</u>		2. Exact name of the Corporation <u>Technology Sales Associates Inc.</u>			
3. Principal Office Address <u>44 Central St., Suite 5</u>		City <u>Berlin</u>		State <u>MA</u>	Zip <u>01503</u>
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island <u>manufacturers representatives</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Michael J. Caso</u>			Vice-President Name <u>Robert M Trzepacz</u>		
Street Address <u>19 Cricket Hill Dr.</u>			Street Address <u>38 Lesnyk Rd</u>		
City <u>Amherst</u>	State <u>NH</u>	Zip <u>03031</u>	City <u>Goffstown</u>	State <u>NH</u>	Zip <u>03045</u>
Secretary Name <u>Michael J. Caso</u>			Treasurer Name <u>Michael J. Caso</u>		
Street Address <u>same</u>			Street Address <u>same</u>		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 <u>Michael J. Caso</u>					Date <u>12/15/2017</u>
Signature of Authorized Representative <u>Michael J. Caso</u>					

2017 DEC 19 PM 1:00  
SECRETARY OF STATE  
CORPORATIONS DIV

FILED

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