



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

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Annual Report for the year: 2016
 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 9386		2. Exact name of the Corporation Technology Sales Associates Inc.			
3. Principal Office Address 44 Central St., Suite 5		City Berlin		State MA	Zip 01503
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island manufacturers representatives			
5. State of Incorporation RI					
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	Zip 03031	City Goffstown	State NH	Zip 03045
Secretary Name Michael J. Caso			Treasurer Name Michael J. Caso		
Street Address same			Street Address same		
City	State	Zip	City	State	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	Zip	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 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
			30,000	CWP	\$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 12/15/2017
Signature of Authorized Representative Michael J. Caso					

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