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

Annual Report for the year: 2015
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV 2018 NOV 15 AM 11:27

1. Entity ID Number	2. Exact name of the Corporation			
9386	Technology Sales Associates Inc.			
3. Principal Office Address		City	State	Zip
44 Central St, Suite 5		Berlin	MA	01503
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
	manufacturers representatives			
5. State of Incorporation				
RI				

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7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Michael J. Caso			Robert M Trzepacz		
Street Address			Street Address		
19 Cricket Hill Dr.			38 Lesnyk Rd		
City	State	Zip	City	State	Zip
Amherst	NH	03031	Goffstown	NH	03045
Secretary Name			Treasurer Name		
Michael J. Caso			Michael J. Caso		
Street Address			Street Address		
same			same		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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

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9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

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	Date
Michael J. Caso	12/15/2017
Signature of Authorized Representative	
Michael J Caso	

1:40

FILED
DEC 03 2018
BY CCSK

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov