



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

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 BUS SVCS DIV  
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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 <b>9386</b>		2. Exact name of the Corporation <b>Technology Sales Associates Inc.</b>			
3. Principal Office Address <b>44 Central St., Suite 5</b>		City <b>Berlin</b>		State <b>MA</b>	Zip <b>01503</b>
4. NAICS Code <b>999999</b>		6. Brief description of the character of business conducted in Rhode Island <b>manufacturers representatives</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Michael J. Caso</b>			Vice-President Name <b>Robert M Trzepacz</b>		
Street Address <b>19 Cricket Hill Dr.</b>			Street Address <b>38 Lesnyk Rd</b>		
City <b>Amherst</b>		State <b>NH</b>	Zip <b>03031</b>	City <b>Goffstown</b>	
		State <b>NH</b>	Zip <b>03045</b>		
Secretary Name <b>Michael J. Caso</b>			Treasurer Name <b>Michael J. Caso</b>		
Street Address <b>same</b>			Street Address <b>same</b>		
City		State	Zip	City	
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	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
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
			<b>30,000</b>	<b>CWP</b>	<b>\$0.01</b>
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 <b>Michael J. Caso</b>				Date <b>12/15/2017</b>	
Signature of Authorized Representative <b>Michael J. Caso</b>				<b>1:39</b> <b>FILED</b> <b>BEC 03 2018</b> BY <b>qrb CCSK2</b>	

MAIL TO:  
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