



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year: **2019**
Corporation

2019 FEB 14 PM 2:28

- 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 288589		2. Exact name of the Corporation MOD Data Tech Inc			
3. Principal Office Address 155 Park Ave, Unit 8			City Cranston	State RI	Zip 02905
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island Consulting and data services.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Marlon Omar DePaz			Vice-President Name		
Street Address 28 Magdalene Street			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Secretary Name Olga Aracely DePaz			Treasurer Name Marlon Omar DePaz		
Street Address 4520 North Lincoln Avenue			Street Address 28 Magdalene Street		
City Tampa	State FL	Zip 33614	City Providence	State RI	Zip 02909
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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		10		Common	\$1.00
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 Marlon Omar DePaz, President					Date 2/8/19
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

FILED

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BY CR 1090

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