



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

→ Filing period: January 1 - March 1

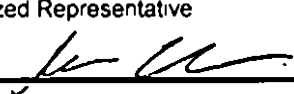
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED STAMP

MAR 04 2019

BY 3366 DS

1. Entity ID Number 75370		2. Exact name of the Corporation Synectechs, Inc.			
3. Principal Office Address 4 Laurel Street		City Waterford		State CT	Zip 06385
4. NAICS Code 518210		6. Brief description of the character of business conducted in Rhode Island Statistical Data Analysis.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Xiu Chen			Vice-President Name		
Street Address 4 Laurel Street			Street Address		
City Waterford	State CT	Zip 06385	City	State	Zip
Secretary Name			Treasurer Name Xiu Chen		
Street Address			Street Address 4 Laurel Street		
City	State	Zip	City Waterford	State CT	Zip 06385
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Xiu Chen			Director Name		
Street Address 4 Laurel Street			Street Address		
City Waterford	State CT	Zip 06385	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
			100		Common
			PAR VALUE		No 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 Xiu Chen, President					Date 2/25/2019
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017