RI SOS Filing Number: 201988397470 Date: 3/11/2019 4:00:00 PM

State of Rhode Island a Department of S Annual Report for the y	itate - Busine	ss Services [Division			CORPO CORPO 2019 MAR	
Corporation → Filing period: January 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00	-			RATION			
1. Entity ID Number		of the Corporation	· · · · · · · · · · · · · · · · · · ·	•		. :)	
62494	DTECH, IN	IC.				07 07	
3. Principal Office Address			City	_	State	Zip	
9 Spink Street			Wickford		RI	02852	
4. NAICS Code	6. Brief descrip	otion of the charact	er of business con	ducted in Rhode Isla	and		
541715 5. State of Incorporation Rhode Island	Developm	Development of hardware and software products					
7. List ALL officers (names and a	addresses)			Check th	e box to in	dicate an attachment 🔲	
President Name Timothy S Wasco			Vice-President Name None				
Street Address 9 Spink Street			Street Address				
City Wickford	State RI	^{7(p} 02852	City		State	Zip	
Secretary Name Timothy S. Wasco				S. Wasco			
Street Address 9 Spink Street			Street Address 9 Spink Street				
City Wickford	State RI	Zip 02852	City Wickford		State RI	Zip 02852	
8. List ALL directors (names and	addresses)			Check th	e box to in	dicate an attachment 🔲	
Director Name Timothy S. Wasco			Director Name				
Street Address 9 Spink Street			Street Address				
City Wickford	State RI	^{Zip} 02852	City		State	Ζιρ	
Director Name			Director Name				
Street Address	· · · · · · · · · · · · · · · · · · ·		Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Iss		Check If	e box to in	dicate an attachment	
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES CU		T	\$.01 par value	
		1,500					
11. This report must be executed trustee, this report must be executed Under penalty of perjury, I dec	cuted on behalf of t	the corporation by	the receiver or trus	tee.			
statements, and that all stater	nents contained l						
Name of Authorized Representa Timothy S. Wasco, Presid			Date Februa	_{ry} 28 _{, 2019}			
Signature of Authorized Represe			FILE	:D	1		

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